THE SEMI-INSANE AND THE SEMI-RESPONSIBLE

The Semi-Insane and the Semi-Responsible

(Demifous et Demiresponsables)

BY

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Authorized American Edition

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AUTHOR'S PREFACE

TO THE AMERICAN EDITION

My dear Confrère:—I am happy to learn that you have decided to present my book on the "Demi-fous" to the great American public, and that, to the many criticisms from all sides, which have been most courteous toward my point of view, there may be added those which will be called forth from readers of an edition in the English language.

The question studied in this volume is undoubtedly of a nature which excites intense interest in every land; no legislation can refuse to consider it or evade an attempt to solve it. It is too easy to dodge the question by saying, ironically and mockingly, that according to my teachings, everybody is a little crazy, and consequently it is hardly worth the while to trouble oneself to make distinctions.

It is false and dangerous to say that criminals are all equally responsible or all equally irresponsible. It is immoral and antiscientific to say that society should simply defend itself against criminals as against mad dogs—by suppressing them.

Society knows to-day that, if it has any rights

in connection with criminals, it has also duties toward the diseased. And, further, in the presence of a misdemeanor or a crime it ought to put the question, Should the accused be punished or should he be treated?

The object of this book is to demonstrate that to this burning question the magistrate, assisted by the physician, may make three different replies according to the case in hand: (1) The accused criminal is entirely responsible; he has normal psychic neurons, therefore he ought only to be punished and put in prison. (2) The accused criminal is entirely irresponsible; his psychic neurons are wholly diseased, therefore he ought only to be treated and placed in a hospital. (3) The accused criminal has attenuated responsibility; his psychic neurons are not normal, but are partially diseased, therefore he ought to be both punished and treated. He should be placed successively in a prison and in a hospital.

This is the thesis for the translation of which I thank you, as it will now be distributed in a great country whose appreciation is so important and necessary to the definite success of an idea.

Appreciatively and respectfully yours,

D. J. Grasset.

Montpellier, June 20, 1907.

TRANSLATOR'S PREFACE

The work of Professor Grasset on the Demi-fous has seemed to me to be particularly opportune at a time when there is so much interest taken in the subject of responsibility for criminal acts, and so many ill-considered statements are being made offering cure-alls for the solution of this more than complex problem. I am pleased to be able to offer it to the English-speaking public, in the hope that it may be of service, not only to medical readers, but to all classes, since all are affected by the ideas which at present govern society in its treatment of this class of folk.

Evolution is not restricted to the material forms of organic life. It pertains to mental functions in the individual and collectively as seen in social customs and usages. The functions of the law fall within the operations of evolution and the developments of the science and art of justice form a fascinating branch of study, from the evolutionary standpoint.

Century by century, decade by decade, the law in theory, as well as in practise, becomes more and more advanced and closer and closer in contact

with the teachings of science. By its very nature, it is a cumbersome and conservative social instrument, and wisely so in the main. In its relations to many medical problems, however, it is evident that our American jurisprudence has not developed as rapidly as the medical sciences with which it should stand in helpful relation. The reasons for this are natural and are not deeply hidden.

Legal enactments are largely the voice of the people and represent, in some measure at least, a consensus of opinion on matters made obligatory on the masses. The people as a whole are in need of a realizing sense of the inadequacy that exists in the particular relation of the criminal law to mental disorders, and it is hoped that the present volume may prove of value in part to bringing about a better knowledge of conditions as they exist for certain classes of the mentally afflicted.

It is certain that we are not yet ready for any very radical departures from our present modes of legal enactment concerning the general relations of responsibility and mental disorder. The newer shifts in the lights of psychiatry have so modified many views formerly held that, until the exact bearing of the work of Kraepelin, of Wernicke, and Ziehen and others can be gained, so far as their forensic significance is concerned, it were better

to study the ground carefully before going ahead with foolish and premature law-making.

Yet this work of Grasset's serves to bring to the fore a more definite knowledge of a large class of individuals who are not provided for in the general order of things, and if accidentally they come in conflict with the conserving factors of society some better provision for their care and treatment is needed than we at the present time possess. Whether democracy will ever countenance the view that would regard the criminal rather than the crime, it is difficult to say; but it is hoped that Grasset's discussion of the problem may prove a factor in the uplift of the method of legal regulation of this large group of the demi-fous.

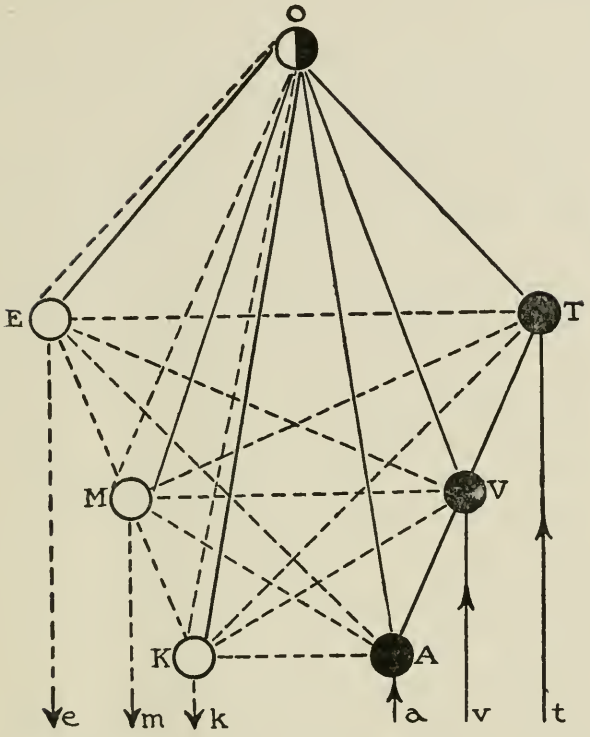
In the present volume Grasset makes extensive use of a figure or mode of explanation to which he has devoted an entire volume, "Le Psychisme Inférieur," published in 1906. In this study, which is largely medical, he develops the idea that there are two psychisms, and, in order to show the significance of each, he employs, as an illustration and for the sake of analysis, a case of somnambulism. *Lady Macbeth*, in Shakespeare's well-known drama, speaks her celebrated "Out, damned spot!" without knowing it and without wishing it; that is to say, unconsciously and automatically. She is able to carry out her long series

of complicated and coordinated movements by reason of the inferior psychism, as Grasset calls it. Her superior psychism does not enter into her actions.

There are then two orders or classes of psychic acts, and the contrast between *Lady Macbeth's* counsel to her husband while awake and her actions while somnambulistic shows these two classes very distinctly. Grasset, as well as many others, divides the activities of the two psychisms into those which are conscious and voluntary (presided over by the superior psychism) and those which are automatic and unconscious (under the control of the inferior psychism). It is to Janet that the original clear formulation of this hypothesis is due, altho it has been in the air for years. He illustrates his scheme by the following diagram, which should be carefully studied in order to understand his reasoning in the present volume:

Grasset takes care to state that his scheme is one employed for pure convenience. If later studies show it to have defects, it can be changed.

At *O* one finds the superior psychic center, the seat of the superior psychism, formed of a great number of neurons; below is the polygon *AVTEMK* of automatic inferior centers, which collectively make up the inferior psychic centers, the seat of the inferior psychism. On one side are



O, superior psychic center; of conscious personality, free-will, and the responsible ego.

AVTEMK, polygon of the automatic centers (inferior psychic center or of psychological automatism).

A, auditory or hearing center.

V, visual or seeing center.

T, tactile or touch center.

E, center for writing.

M, center for speech.

K, center for general movements.

receiving centers for incoming sensations—of hearing, *A;* of seeing, *V;* and of touch, *T;* on the other side the transmitting centers for outgoing impulses—for general motion, *K;* for articulate speech, *M;* and for writing, *E*.

These centers, *A*, *V*, *T*, *E*, *M*, *K*, are all situated in the gray matter of the cortex or ganglia of the brain and are closely connected by intrapolygonal fibers, *AE*, *AM*, *AK*; *VE*, *VM*, *VK*; *TE*, *TM*, *TK*, which are in association with the outside world from the surface of the body through the incoming fibers, *aA*, *vV*, *tT*, and the outgoing fibers to the muscles, *Ee*, *Mm*, *Kk*. They are, moreover, connected with the superior center *O* by means of the overpolygonal fibers, one set sensory, *AO*, *VO*, *TO*, bearing perceptions to the *O* center; the other set motor, *OE*, *OM*, *OK*, bearing motor impulses outward.

Voluntary acts take place within the polygon whenever the *AO*, *VO*, *TO*, *KO*, *MO*, *EO* fibers are intact and functionating. One then has consciousness of the voluntary acts. When the overpolygonal fibers are not functionating, a disaggregation or dissociation takes place between the *O* and the polygon, and automatic acts take place unknown to consciousness.

This short word of explanation seems advisable, altho this hypothesis has had a vogue for some

time, as spoken of by different names by different authors.

In the following pages, whenever the titles of articles in French journals will serve to assist the reader in comprehending the text, these titles have been translated into English, but the name of the publication in which they appear is retained in the original French.

My sincere thanks are here rendered to Mrs. Smith Ely Jelliffe, who has been of much material assistance in the translation.

SMITH ELY JELLIFFE.

64 WEST FIFTY-SIXTH STREET, NEW YORK.
September 1, 1907.

INTRODUCTION

General Idea and Plan of the Book.—Social Importance of the Question.—Prevalent Misconceptions Concerning the Semi-insane.—Immense Social Significance of the Question.—Scope of the Subject.—Duties and Claims of Society toward the Semi-insane.—Social Defense, Assistance, Treatment.—The Idea of Responsibility Grows Less as the Question of the Individualization of the Trouble is Evolved.—Medical Character of the Question.—Plan of the Book.

THE question of the insane has never been solved, altho it has been before us for a long time. Without having carefully defined them, society has nevertheless recognized certain duties and rights in its treatment of these patients. The law recognizes the existence of the insane. We know that, while protecting ourselves against their misdeeds, we must succor and care for them. Magistrates recognize the irresponsibility of such persons, and judges make allowances for them in their verdicts. The insane have their own place in the social order of things, as it exists to-day.

But this is by no means true of the "demifous," or semi-insane. Yet they are no less numerous, and no less a hindrance. They exist to-day as they have existed before. They pass us every day in the street, where at times they hinder and de-

lay traffic, either by their own acts or by the attention they arouse in others. Everybody knows such people, but they have not yet been given a definite place in the social system. Moreover, they are as a rule misjudged.

Some people intentionally treat them as poor unfortunate devils, or "fakers," or fools, paying no attention to anything they say or do, and using sarcasm and irony, if not blows. It is the same attitude as that of the muleteers and valets of the Duke of Osuna toward Don Quixote and Sancho Panza. Others regard all eccentric and slightly unbalanced people as irresponsible patients, who ought to be douched and shut up in an asylum, but never in a prison. The first allow the demifous no merit for their good deeds, and the second relieve them of all responsibility for their misbehaviors. One exaggeration is as bad as the other.

On the one hand, we can not deny the high social merits of certain individuals in this class, and we must beware of depriving society of all unbalanced geniuses. On the other hand, the fact must be recognized that the unbalanced are sometimes harmful characters, that we should be able to keep out of the way of their misdeeds, and that they should not be permitted an absurd impunity, nor yet at the same time be treated like ordinary criminals who are entirely responsible.

The question of what to do with them has been raised everywhere. Nowhere has any one really solved it. We must, however, remember that the question is exceedingly difficult; and I would much rather undertake to set its various forms before you than to offer any definite solution of it. At all events, we can not fail to see its great social significance.

When, in 1900, I was confronted for the first time[1] with the problem of the semi-insane, I had no other object in view than to study and point out definitely the relation in which intellectual superiority stood to nervousness, to show the existence and the true nature of this relation, to refute the Lombrosian theory of genius as a neurosis, and to define the position of the abnormal intellectual superioity in the neuropathic family. After Michel Corday's[2] book came out, I took the question[3] up again, and showed what the demifous, or the semi-insane, were from the scientific point of view. I proved their existence from the medical standpoint, indicated the service they might be

[1] The Intellectual Superiority of Nervous People. A conference held at the Society Nimoise, of the friends of the University of Montpellier and at the general association of students of Montpellier. (January, 1900.) Leçons de clinique médicale, 4th series, 1903, p. 683.

[2] Michel Corday: "Les Demifous." Paris, Charpentier, 1905.

[3] "Demifous et Demiresponsables," Revue des Deux Mondes, February 15, 1906, p. 887.

able to render to Society, their social value, and also the harm they might be capable of, as they were only semi-responsible for the evil, as well as the good, they might do.

In the mean time,[1] I have tried to show what is meant by medical responsibility, and in what way it is to be distinguished from moral responsibility, and how in consequence it may be regarded by all physicians, whatever their philosophical or religious opinion on the question of free will. I have thus tried to show that there is the same mistake in each of the two opposed theories, that of the two groups and that of the one group. Both of these deny the existence of the semi-insane, and admit the existence, on the one hand, of two separate and opposed groups, the responsible and the irresponsible only, or, on the other hand, a continuous series, passing from the wholly responsible to the most irresponsible without any possible distinction or classification into separate groups. I was obliged, therefore, to establish in addition to the responsible, rational individual, and the irresponsible insane one, the scientific and legal right to existence of a third group, composed of the semi-insane who were semi-responsible.

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[1] "Le Problème Physiopathologique de la Responsabilité," Journal de Psychologie Normale et Pathologique, 1905, ii., p. 97. Paris: F. Alcan.

All these ideas will reappear in this book, further developed, and, above all, more scientifically supported than it was possible for them to be in the conferences, or in the articles in the *Revue*. Furthermore, there is an entirely new chapter in this book which contains the sum and substance of the entire problem. It deals with the rights of society and its duties toward the semi-insane.

The question of social protection against nervous diseases is one of great importance.[1] Naturally, I do not intend to speak here of the medical treatment of nervous disorders, which is of interest only to physicians.

But society has a double mission to perform for the neurotic. First, it should make an effort to decrease their numbers. This is a prophylaxis based on an exact knowledge of causes.[2] Further it ought to protect itself against neurotic simpletons or criminals.

As for the first subject it is easy to show the principles upon which one can establish an efficient prophylaxis against semi-insanity, but on the second and more important topic, the difficulties are very great, and the problem is far from being solved.

[1] "Organization for Social Protection against Nervous Diseases —Individual, Family, and Social Prophylaxis," Revue des Idées, March, 1906.

[2] "Thérapeutique des Maladies du Système Nerveux," "Encyclopédie Scientifique," 1906, ii., p. 17.

What should be the attitude of society toward pernicious neuropaths?

The fact that is well established at the present time is that the idea of social defense admits not only the precautions that should be taken to diminish the harmfulness of the neuropathic, in order to protect society from their attacks, but also includes the ideas of assistance and treatment.

As for the insane, that is to say the irresponsible, the problem is by no means solved, for we (in France) are living at the present time under the régime of the law of 1838,[1] but it is at least clearly stated. One knows exactly every element in that problem. The only thing that remains to be done is to obtain practical legislative enactments.[2]

As regards the semi-insane the problem is more delicate, and is not yet solved, even in its scientific principles. The part taken by psychological medicine is much more important, and much more difficult here than that taken by it when concerned with the insane.

One feels more or less vaguely that the semi-insane person should not be treated like a common criminal, but one knows also that he can not be

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[1] Revue des Idées, *l. c.*

[2] Medico-legal jurisprudence in the United States, so far as the problems of insanity are concerned, is even more backward than that in France. (Translator's note.)

treated like an irresponsible insane person, and that society is obliged to protect itself against him, and to assume control over him when he has committed a crime or even a misdemeanor.

The fundamental problem of all is that of diminished responsibility which I must work out completely,[1] and concerning which we find from the beginning the most contradicting and discouraging assertions uttered by jurists and physicians of the highest authority. Nevertheless, the fact is there; we do not suppress it by denying it. There are some semi-responsible individuals who can be treated neither as irresponsibly insane nor as rational and responsible human beings.

I shall make an effort to show that: (1) Since the moral idea of responsibility is bound up in the question of free-will, and therefore difficult to reconcile with the idea of semi-responsibility, the medical idea on the contrary readily permits such an interpretation and insists on the idea of attenuated responsibility. (2) When a semi-insane person has become harmful, society has no right to imprison him as if he were a rational being; but it has the right to protect itself while treating him. That is to say, it has the right to treat him by force; society ought not to *detain* him in a prison, but it

[1] "La Responsabilité Attenuée." Journal de Psychologie Normale et Pathologique, iii., 1906, p. 420.

ought to *retain* him in a special asylum. Society always reserves the right of social isolation of harmful characters, whatever may be their degree of irresponsibility, on the condition of combining this right with the perfectly reconcilable duty of helping and treating the criminal medically when he is ill; and much more, then, has it the right to do so when he is suffering from such a malady.

That is to say I would combat equally the opinion of those who wish only to defend themselves against the semi-insane by debasing all social measures which might be taken to the level of those which the Italians call their "Temebilita," and the opinion of those who refuse society all right to defend itself against these patients, and who would like to see them treated in freedom, according to their own taste and convenience as if they were cases of typhoid fever or of pneumonia.

This grave idea of semi-responsibility and of diminished responsibility with which the best minds of our period are now concerned should not be considered as a mere formula of cowardice and ignorance, invented by perplexed minds who are anxious not to compromise themselves. It is one of the happiest and most scientific manifestations of a philosophy of a very high degree, which is being shown more and more emphatically in the thoughts of contemporaneous criminologists; I

refer to what may be called the "individualization of punishment."

"There is felt to-day a general movement," says Saleilles,[1] "which has for its object the separation of the law from the purely 'abstract formulas which, to the popular mind at least, seem to support it in its relation to life.' In primitive days, and for a very long time (until the last centuries), penal law was purely objective. 'Account is kept of nothing but the actual deed. The personality of the agent is a matter of indifference, or is ignored. It is the harm which is done which is first of all taken into consideration.' Account is kept of the person who is injured, and of the damage that has been done. Like the father who keeps before him, for the punishment of the child, only the value of the object which it has broken; 'to the result only is importance attached.' The taking into account of the disposition of the subject was begun when involuntary crime was foreseen. A Capitularie of Charlemagne 'does not say how punishment shall be suppress' in such a case, but that it shall be diminished."

On the whole, "the primitive penal law was a penal law based exclusively on the idea of a fault.

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[1] See Saleilles: "L'Individualization de la Peine. Étude de Criminalité Sociale." Bibliothèque des Sciences Sociales. F. Alcan, 1898.

The idea of responsibility in the modern sense of the word was wholly foreign to it."

In the thirteenth century St. Thomas admitted the influence of the intention, or of previous intoxication, on the responsibility of the subject. But in law the criminality of a deed remained the only basis of general estimation. Thus, in principle, there was no subjective individualization founded on the nature of the agent, independent of the consideration of the crime which had been performed—everything is referred to the material quality of the deed; and this material quality of the deed varies according to the circumstances of which the accessory elements are composed.

Exceptionally the judge was permitted to individualize the punishment, and would pronounce an extreme punishment, or an arbitrary punishment. The judge could diminish or increase the punishment; but, on account of the spirit of penal law at that period, he nearly always took the objective circumstances of the deed as his groundwork when he showed any individuality in his punishment.

This arbitrary faculty left to the judge was not a step of progress, but a danger against which the whole eighteenth century protested and reacted. And the outcome was a still more narrow and prescribed formula of the laws, starting always from the objective point of view.

The Civil Code fixt the limits between which the punishments might be varied, but it remained based on the objective idea of crime. "The theory of the Code of 1810 remained fundamentally the same as that of 1791, a purely objective theory, looking on all criminals as alike when confronted by the same crime—the punishment for the same crime ought to be the same, because the responsibility was the same. This was a purely objective system of responsibility, judged by the external evil which had been done, and not at all by the state of mind of the man who had done it."

But during the whole of the nineteenth century this system has been attacked and broken down, because it struck "in the face of two irresistible forces," popular common sense and science. Popular common sense, because this tyrannical penal system put everybody on the same footing, those who were interesting and deserving of pity, and those who arouse no feelings except those of repulsion. And it came into collision with science because it rested on a fiction contrary to all scientific ideas, that of an equal liberty for each man when confronted by the same deed.

The jury commenced to apply these new ideas; it saw that "apart even from insanity there might be degrees in liberty, and in consequence degrees of responsibility. For lack of ability to determine

what kind of responsibility it was, as the law did not permit it to do this, it simply and purely acquitted. In 1824 to some extent, and then in 1832 in a very general manner, legislators tried to satisfy these tendencies of the juries by introducing the system of attenuating circumstances."

This was certainly progress in the individualization of punishment, but the attenuating circumstances were still more often objective and exterior to the subject, and came rather from circumstances connected with the deed. It was, nevertheless, individualization just the same, but "based on and measured by responsibility." Moreover, the penal code contained the first example of the principle "in that which concerns minors. Discretion is considered an individual question and not the result of a presumption."

In short, without continuing further along this line (it can all be read in Saleilles's book), one sees that the actual progress of the penal code is "the introduction during this century of the subjective point of view in the matter of punishment." One follows from every side "the legislative consecration to this very idea of individualization founded on the degree of responsibility. This is what the new science calls the theory of partial or diminished responsibility."

This question, therefore, of semi-responsibility

is neither false, artificial, nor retrograde. It is a question which is more frequently raised every day, and the solution of which is indispensable in order to crown the work of progress which was begun in the nineteenth century for the perfecting of our Code.

One can see at the same time that this question of diminished responsibility is one that is absolutely and exclusively medical. All the elements to be considered exterior to the subject can be analyzed and appreciated by the magistrates. The physician alone, on the other hand, can limit and define the endogenous elements to be considered, those which come from the individual himself.

In indicating this rôle to the physician, I look upon him, not as an ordinary practitioner charged with relieving or curing diseases, but as a savant endowed with a physio-pathological knowledge of men, who analyzes his psychic functions as he would his motor or digestive functions, who is, so to speak, the representative and demonstrator of a Human Biology.[1]

Having said so much, this, then, is the plan followed in this book, in order to reach those conclusions whose great social importance I wish to indicate. In the first chapter I will demonstrate the existence of the semi-insane, and make my first

[1] Revue Scientifique, August 4, 1906, p. 129.

picture of them by showing them as they appear in literature and on the stage. The number of semi-insane heroes of romance and of the drama is certainly the first proof of their abundant presence in the society of every country.

In the second chapter I shall outline a scientific demonstration of the existence of the semi-insane by refuting the two theories which deny the semi-insane: The two-block theory, which admits only the irresponsible insane and the perfectly responsible sane, and the single-block theory, which throws all men into the same universal group of the more or less responsible.

The third chapter contains the clinical demonstration of the existence of the semi-insane, and their medical study. This is the pivotal and, moreover, the classical part of the book.

In the fourth chapter I shall show the social value of the semi-insane by quoting examples of such of them as have had talent, and sometimes even genius, who in all cases have been superior men, and whose non-existence would have been a great loss to the progress of humanity. These latter will lead me to say a word concerning the relations of genius and intellectual superiority to the neuroses.

In the last chapter I shall show first that if certain of the semi-insane have great social value,

others are, on the contrary, pernicious to society, and form a veritable source of danger, and that in consequence it should be necessary to study the attitude which one ought to adopt in these cases, and the duties and rights of society in connection with them. Then I shall take up the medical idea of social responsibility, and shall show in what way it differs from moral responsibility, how far it is independent of the philosophical or religious ideas of each individual concerning free will. Then will come the study, properly so-called, of the great question, which is always under controversy, that of diminished responsibility, and I shall sum up, in conclusion, the general principles of social prophylaxis for the semi-insane.

THE SEMI-INSANE AND THE SEMI-RESPONSIBLE

CHAPTER I

The Semi-Insane in Literature and on the Stage

Don Quixote — Æschylus, Sophocles, and Euripides — Shakespeare, Ibsen, and Björnson—The Japanese Theater—Tennyson and Wagner — Turgenef, Garchine, Dostoiewsky, Tchekkof, Gorky, Leonide Andreieff, Molière, Racine, Balzac, Flaubert, Zola, De Goncourt, Huysmans, Alphonse Karr, Hector Malot, Claretie, Paul Bourget, etc.

THE celebrated fêtes in Spain for the third centennial of the appearance of "Don Quixote," and the representation at the Comédie Française of the comic-heroic drama of Jean Richepin,[1] give a certain actuality to the question of deciding whether Cervantes's hero was a madman or a rational being.

One would readily sign a commitment certificate to an asylum for the ingenuous *hidalgo* if one heard him proclaiming:

> "One chosen to comfort all souls in affliction,
> To punish all crimes, dispelling all fears,
> To bring hope to the desperate, drying their tears,
> Avenging their wrongs, and leading the way

[1] Jean Richepin: "Don Quichotte. Drame héroï-comique, édition de l'Illustration."

As a Pilgrim of Right to a happier day.
A pure-hearted knight in whose far-gazing eyes
Burn the fires of eternity lit in the skies."

Nevertheless, at another time "he is the wisest of all minds," as the master, Nicholas, declares. He finds his real name again and his civil position; he regrets the trouble he made for his niece, and comes back to be the "old uncle who has so tenderly cherished her," and in the midst of the worst follies cries:

"Who has the right here, I ask you, to punish?
Who dares place himself as a judge of another,
Comparing his crimes and condemning his brother?
From the voice of what altar, the power of what throne
May a sinful man dare to condemn or condone?
What heart is so pure to be worthy this trust,
What justice is God-like enough to be just?

It is certainly not in the mouth of a madman that Richepin has wished to put these beautiful words. Nevertheless, it is at the same time that Don Quixote frees the galley-slaves, makes his charge on the windmills, and prepares the ointment for Fier a Bras and utters the words:

"In terror and ecstasy raised by my prayer
To the presence of God, shall my soul be laid bare."

But soon he himself feels his reason returning.

"I am no longer mad. I've awaked from my dream.
Knights errant, enchantments, and giants now seem
To be no longer real. Even maidens in tears
Disturb not the wisdom of soberer years.
My old name, Quijada, I take, and with this,
In preparing to die, I see life as it is."

Here we find him again with as much good sense as Sancho; we are far from the asylum, and the poet has a will prepared which would not be disputed from the standpoint of the mental incapacity of its author.

In reality Don Quixote de la Mancha, this "knight of mad illusions," who will some day be Wisdom personified, is the accepted type of the semi-insane folk[1] which I wish to study in this book, and which swarm both in books and on the stage since the creation of the world, or at least since the birth of literature.

"Behold Orestes," says Michel Corday, who, with Professor Lacassagne, has created and popularized the word "demifous." Behold Orestes, Ajax, and the Bacchantes. Shakespeare excels in the art of representing the abnormal, Othello, Hamlet, and Macbeth, and Molière with the Misanthrope, l'Avare, and le Malade Imaginaire.

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[1] I speak of Don Quixote of Jean Richepin. The hero of Cervantes more closely approaches the type of the true madman. See, for the psychopathy of the Spanish Don Quixote, Morejon: "Étude Médico-psychologique sur l'Histoire de Don Quichotte." Traduction et annotations de Guardia; Louveau: "De la Manie dans Cervantes," Thèse de Montpellier, 1876; Cabanès: "Cervantes, Médecin, et Cervantes et les Médecins," Chronique Médicale, 1895, p. 173, *et* 1905, p. 708; Villechauvaix: "Cervantes Malade et Médecin," Thèse de Paris, 1898. Cabanès also quotes a discourse of Batllès on the psychopathy of Don Quixote, delivered at the Academy of Medicine at Barcelona, at the time of the third centenary celebrations.

Demifous of the same period are the Joueur, le Menteur, les Plaideurs. Werther was attacked with the obsession of suicide. Actually see what place Dostoiewsky, Gerhart Hauptmann, and above all Ibsen give to semi-insanity.

In his excellent Grenoble lectures Régis[1] points out clearly the very considerable space which the semi-insane occupy in the dramatic art of all time, since "Thespis, the very founder of tragedy." He studies them more especially in the Greek period in the works of Æschylus, Sophocles, and Euripides, and in the epoch of the Renaissance in Shakespeare's plays and the epoch of realism in Ibsen's dramas.

Orestes did not have an acute mania as Gasquet says, but rather, according to Régis, a toxic delirium with terrifying hallucinations. The Bacchantes present the emotional transports of numbers, mounting to the point of crime. Ajax is semi-insane with crises of complete madness. Hercules in a fury has a passing hallucinatory delirium which resembles a dream in action or a somnambulistic dream, which Régis has called a dreamy delirium.

"One of the remarkable achievements of Shake-

[1] Régis: "La Folie dans l'Art Dramatique." Paper at the opening of the Twelfth Congress of the Alienists and Neurologists of France and of the French-speaking Countries, at Grenoble, 1902.

speare is that he has created, along with the wholly insane, such as King Lear, types of people who are less afflicted," and has described the *demi-fous* or the semi-insane. Thus, Lady Macbeth is seized with a "hysterical obsession with nocturnal somnambulism," and "here," adds Régis, "we must recognize the fact that Shakespeare was far in advance of his time"[1]; Hamlet is a "young man who having in his early youth had his ideals and his dearest affections blasted, and who, while simulating madness in order more surely to be able to avenge his father, falls into an incurable neurasthenia. Hamlet is, in reality, a pessimistic neuropath under the guise of an apparent madman."[2]

Ibsen,[3] with less medical precision, has depicted in his plays, not the wholly insane, but the "semi-insane, the abnormal, the neuropathic, the eccen-

[1] In the comedy "The Magnetick Lady" of Ben Jonson, a "dramatic English author, a contemporary of Shakespeare," there is a "somnambulist who while sleeping announces that he is going to reveal the most hidden things" (Chronique Médicale, 1902, p. 592).

[2] See also Régis: "Le Personnage d'Hamlet et l'Interpretation de Mme. Sarah Bernhardt," Revue Philomatique de Bordeaux, October, 1899.

[3] See, on Ibsen, other than in the paper by Régis: Geyer: "Étude Médico-psychologique, sur le Théâtre d'Ibsen," Thèse de Paris, 1902; Cabanès: "La Médecine et la Littérature. La Psychiatrie dans le Théâtre d'Ibsen," Chronique Médicale, 1902, p. 181; Eyriès: "Les Idées Médicales dans le Théâtre Contemporain," Thèse de Montpellier, 1904, pp. 15 *et* 57.

tric, the unbalanced, the obsessed, the impulsive, etc." Cabanès thus sums up the diagnostic formulas of Ibsen's heroes as given by Geyer:

Mental degeneration with obsessions: Brand, Grégoire Werlé, Rebecca West, Hedwige, Eyolf;

Mental degeneration with hysteria: Nora, Hilda, Ellida Wangel, Rita;

Mental degeneration with intellectual debility: Agnes, Maria Rubek, Mme. Solness, Hjalmar Ekdal, Tesman;

Maniacal excitement: Gerd and Eynar;

Melancholia (doubters): Rosmer, Rubek;

Melancholia (Cotard's syndrome): Irene;

Symptomatic neurasthenia: Solness, Oswald;

Alcoholics: Oswald, Laoborg, Peer Gynt, Ulric Brondel, Relling, Molvig;

Senile dementia: Old Ekdal;

Chronic delusional insanity (third period): John-Gabriel Borckmann.

As Eyriès has very well said, "'The Wild Duck' is of all the works of the Norwegian dramatist the one which best enables us to understand the nature of his mind." Grégoire, says Doumic,[1] "has a mind disturbed with mystic and fanatical ideas. He is attacked with a malady which one of the persons in the play designates under the name of 'an acute attack of integrity.' He always has fine

[1] René Doumic: "De Scribe à Ibsen." Cited by Eyriès.

speeches on his lips concerning the claim of the ideal and social rights, etc. He wants to see the ideal triumph. He wants absolute justice and absolute truth to reign over all social relations." Francisque Sarcey,[1] who says "that the success of Ibsen's plays had the power to exasperate one to the highest degree," has thus defined Hjalmar's house: "an old fool, the bear-hunter; a crazy fellow, the photographer; the girl, a pleasant enough person, who has no other striking characteristic than her extraordinary tenderness for the wild duck; her mother, an impossible old woman, and, in the garret, the wild duck and the rabbits, invisible and silent personages, one of which, the wild duck, casts a shadow over the whole play. This collection of the alienated is enriched by another crazy individual, Grégoire Werlé, who is more touched than the others. Any one would think when he listens to a play of this kind that he was walking in the gardens of Charenton." There is no account taken whatever of symbolism in this rather severe philistine criticism.

From Ibsen it is quite natural to turn for comparison to Björnson.[2]

In the preface of "Au-dessus des Forces Hu-

[1] Francisque Sarcey: "Quarante Ans de Théâtre," t. viii. Cited by Eyriès.

[2] See Eyriès: *Loc. cit.*, p. 89.

maines" we find the following note: "This play was written after the lessons on the nervous system by Charcot, and clinical studies on hystero-epilepsy, or major hysteria, by Dr. Richer." And, in fact, "for two years Clara has been paralyzed on her bed. She went for six months without sleeping. For days and even weeks, when Sang was away, her limbs were contracted and it was impossible for her to make a movement." According to Tissot,[1] besides the acute attacks she had all the symptoms of the most advanced neurasthenia; an incredible sense of smell, a feeling of presences, intuition of others' thoughts, mad agonies and disturbances without any cause. The presence of her husband was sufficient to dispel these attacks. You do not know, said she to her sister Hannah, that I can remain for days at a time, with my arms and legs rigid, contracted on my breast—see, like this—but I do not dare even to do it because it might come back again; and I sometimes stay this way for entire days without being able to stretch out my legs. If you knew how horrible it was! Once he was gone in the mountains! And I stayed that way eight days. And when he came back he was scarcely over the threshold and I had barely perceived that he was

[1] Tissot: Preface to the translation of "Au-dessus des Forces Humaines."

there and had seen me, that my arms and limbs became pliable again. He came toward me and touched me, and instantly it was all over. I was lying stretched out as I am now. This, as Eyriès concludes, is an excellent picture of hysterical contractures.

At a time when he was suddenly overcome by premature death, Robert Geyer, whose work on Ibsen I have quoted, was finishing the editing of an analogous study on the Japanese theater.[1] In the "No" (a kind of tragedy) "Aoi-no-Ouyé," "Aoi is evidently a melancholic with marked persecutory ideas, and the delusion is so strong on this point that it suppresses the personality of the patient. Aoi, in short, is totally effaced by these delusional ideas."

Shirai Ghompatchi, the hero of "The Little Violet of Eddo," belongs much more distinctly to the group of the semi-insane. "If one abstracted the Japanese coloring of the various details, one might place him among the moral fools. His ambition, his hypertrophied egoism, his egocentric character, as the Germans say, his vagabond impulses, and lastly his thefts and his crimes stigmatize him sufficiently to classify him. The legendary side is reduced to a minimum and the morbid type is easy

[1] Robert Geyer: "La Psychiatrie dans le Théâtre Japonais." "Nouvelle Iconographie de la Salpétrière," 1902, p. 359.

to observe. He takes a very interesting place alongside of other legendary vagabonds, Don Quixote, Ahasuerus,[1] or Peer Gynt.[2] Together with their apparently hysterical origin these ambulatory automatic impulsions constitute an observation which does not differ in any respect from those which are brought together by alienists of all countries."

"'Maud,' the most sentimental and the most subtly emotional song of the great English poet Tennyson, depicts the homicidal and impulsive madness of a degenerate," who "is also attacked by the madness of doubt as well as by vague ideas of persecution."[3]

Segalen[4] has pointed out in Wagner's work the frequent use of the most subtle neuroses, which are described with the most astonishing precision. Senta and Elsa in their prophetic dreams are but well-marked victims of hallucinations. Siegfried drinks of amnesia at the same time that he takes the philter of forgetfulness. Under the divine kiss of Wotan the fascinator, hypnosis puts the Valkyrie to sleep on the burning rock. Finally, the astonishing creation of Kundry is a curious scenic adaptation of double personality.

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[1] The Wandering Jew. [2] Drama of Ibsen.

[3] Henri Fauvel: "Les Maladies Mentales et la Littérature." Chronique médicale, 1904, p. 169.

[4] Segalen: "L'Observation Médicale chez les Écrivains Naturalistes," Thèse de Bordeaux, 1902, No. 60, p. 40.

In his excellent study of the Russian novelists of the nineteenth century, Ossip Lourié[1] has shown that "no literature offers so many cases of pathology of the will as Russian literature." He quotes this phrase of the psychiatrist Orchansky: "It is only the smaller number of the insane who are in hospitals in Russia. On the other hand, an enormous number, more than 100,000, of such mental invalids live at large." It is the semi-insane living in freedom outside of asylums that the Russian novelists study and depict.

Roudine, the hero of Turgenef's first novel, is a *demifou* who has been compared to Don Quixote. (Turgenef has also published a curious critical study on Hamlet and Don Quixote.) He is a "virtuoso" of language, "received and fêted as a juggler who takes his melodious and empty improvisations from one drawing-room to another," but who has "no solidity whatever in his ideas or in his character; neither reason, feeling, nor will."

Garchine, who is considered an affinity of Guy de Maupassant, and who has been nicknamed the "painter of despair," has chiefly analyzed "suffering souls."

The great hero of "Crime and Punishment,"

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[1] Ossip Lourié: "La Psychologie des Romanciers Russe du XIX. Siècle," Bibliothèque de Philosophie Contemporaine, 1905. Paris, F. Alcan.

Raskolnikoff, is a "demifou," kind and generous, but "morose, somber, proud, haughty, and hypochrondriacal." He asks himself "whether sickness determines crime or whether the crime itself by virtue of its very nature is not always accompanied by some morbid phenomena? He is persuaded that he personally is under the shadow of some sort of moral disturbances"; and he ends by killing a poor old woman and her sister with the blow of an ax. "He puts all sorts of things in his pocket without looking at the contents—a purse, a jewel-case; then, not knowing what he has stolen, takes no care of it. He disappears from the police station where he has been summoned on account of the non-payment of his rent; he unconsciously returns to the scene of his crime and talks of nothing else to everybody." He confesses to Sonia, "an unfortunate woman who prostitutes herself to support the children of a sick woman," throws himself on the ground before her and kisses her feet, goes and confesses everything publicly in the haymarket, delivers himself to the police, and starts off to Siberia with Sonia.

Loygue[1] has written certain medico-legal observations of Raskolnikoff, according to Dostoiewsky, under the title "lucid madness; homicide,"

[1] Gaston Loygue: "Un Homme de Génie, Th. M. Dostyefsky, Étude Médico-psychologique." Thèse de Lyon, 1904.

and concludes: "Raskolnikoff is a type of criminal madman, attacked with a certain form of madness which can interest only the psychiatrist and the medico-legal specialist—insanity with conscience, known according to Trélat under the name of reasoning insanity, distinguished by Morel as in the list of hereditary insanities, and placed by Magnan with the states of degeneracy. Raskolnikoff is not a criminal-born. He is not a congenital moral fool, but a psychopath, having retained his moral feelings, an honest man, but a sick one, as Tschisch says, and who for that reason, altho he has been given over to crime by reason of his sickness, yet suffers from it as an honest man. We might add that this psychopathy leans toward definite mental alienation.

"Moreover, the entire work of Dostoiewsky is a mine of inexhaustible riches for the psychiatrist. . . . One might say that, with the exception of Shakespeare, perhaps, Dostoiewsky is the only one in his class. . . . Professor Tschisch, who has made a study of Dostoiewsky's psychopathology, has counted not less than forty portraits of different types of sick people in this author's work."

These types he has observed or created "by the sole force of his genius and his intuition." Fifty years before the birth of criminal anthropology he "described types of criminals" (in "Memories of

a Dead-house") "in which there is not a character which has not been verified by the recent and painstaking researches of contemporary criminologists. The 'Treatise on Degeneracy' of Morel dates back to 1857. But it was in 1866 that he described his emotional insanity, which he elsewhere describes as a product of degenerative conditions, the same year of the publication of 'Crime and Punishment.' It was not until 1869–1870 that the Société médico-psychologique introduced a psychological discussion on 'moral insanity.'

"The epileptics are the subject of attentive, careful description on the part of Dostoiewsky. One could select and construct from his work the most recent and striking lessons in epilepsy, which would vie with many of the monographs which exist on the subject. There are four epileptics in his novels: Nelly ('Humiliés et Offensés'), Prince Muichkine ('l'Idiot'), Kiriloff ('les Possédés'), Smerdiakoff ('les Frères Karamazoff'). . . . Stavroguine, of 'Possédés,' is, says Bajenow a degenerate of the first water.

"Among the innumerable people invented by Dostoiewsky I do not know, says E.-M. de Vogüé, a single character which Charcot could not place under some heading. . . . Elizabeth Kokhlakoff of 'Frères Karamazoff' and Lise Drosdoff of 'Possédés' are hysterical. . . . Ivan Karamazoff

('les Frères Karamazoff'), Svidrigaïloff ('Crime and Punishment') have hallucinations. Dostoiewsky has very clearly indicated the differential diagnosis between the impulsive and the epileptic."

The characters of Tchekkof, who was also a doctor of medicine, are all "neurasthenics, invalids, or insane, and incapable of the slightest effort; their lives are failures." In Ward No. 6 of an insane asylum, Gromov, a patient suffering from a persecutory mania, talks frequently with the physician. The latter admires him, declares that the madman is the first man whom he has met who "knows how to argue and to converse." Gromov has replied in vain, "I do not know how to argue." The physician replies, "On the contrary, you reason very well." The doctor ends by giving him his dismissal papers, "and soon an obliging colleague shuts him up in Ward No. 6," where he dies.

Altho Gorky has chiefly depicted vagabonds, one nevertheless meets the semi-insane in his works, especially in *Les Bas-fonds*,[1] which the Théâtre de l'Œuvre has lately presented. Was it not Satine who loves, without quite knowing why, the "incomprehensible" and "peculiar" words "macrobiotic" and "transcendental," and Nastia who cre-

[1] Maxime Gorky: "Dans les Bas-fonds," a play in four acts. Translated by E. Halperine-Kamynsky.

ated and lives her dreams, and Natacha, who passes his life in making inventions and waiting vainly for the realization of these creations of his insane imagination?

In the works of Tolstoy "we find a homicidal degenerate in the 'Kreutzer Sonata,' and raving alcoholics in 'The Dominion of Darkness.'"[1]

There are also many semi-insane in "Red Laughter" of Léonide Andreieff.

The foreigner is not the only one whose modern literature and whose dramas show rivalry with the ancients in their numerous descriptions of the semi-insane. One can quote from French literature quite as many examples of these abnormal beings which Lombroso calls *mattoids.*

As Debove[2] has very interestingly shown, Molière's *malade imaginaire* is truly ill. He is a demifou. "M. Argan is not an imaginary invalid, for he really suffers. He is a neuropath, a neurasthenic like those whom we see by the thousand around us."

Following Folet of Lille, and Debove, Guieysse[3] has taken up the case of Argan and has

[1] See also Egbert Ogé: "Quelques Considérations sur les Rapports de la Littérature et de la Médecine," Thèse de Paris, 1904, No. 26.

[2] Debove: "Le Malade Imaginaire de Molière." Conference held at the Sorbonne, February 17, 1900.

[3] Guieysse: Revue Bleue, October 3, 1903.

also come to the conclusion that he had neurasthenia of the "gastro-intestinal type."[1]

Cullerre[2] analyzes the moral hypochondria of the misanthrope and shows that "the love of Phèdre could only be considered in our times as mental aberration occupying a distinct place between vice and madness," that is to say, in semi-insanity.

The same author points out types of the demi-fous in Balzac, such as "Baron Hulot, a salacious sexual pervert, whose horrible tendencies nothing can arrest; neither the grief nor ruin, the death nor the dishonor, which has fallen upon his family; Claes, whom a mania for invention has thrust into the depths; Pons, the winner of the first prize at Rome, the artist who is at first celebrated, but whose talent could not prevent him from swamping himself in the mania and folly of the collector; Grandet, the miser whose avarice became an insanity. . . . Ursule Mirouet is a seer according to the prescribed type of that period."

Lucien Nass[3] has especially drawn attention to this point of view concerning M. de Mortsauf, the

[1] Chronique Médicale, 1900, p. 142, and 1903, p. 752.

[2] Cullerre: "Les Frontières de la Folie," Bibliothèque Scientifique Contemporaine, 1888, p. 350.

[3] Lucien Nass: "Les Types Pathologiques dans Balzac"; M. de Mortsauf: "du Lys dans la Vallée," Chronique Médicale, 1902, p. 757.

hero of "Lys dans la Vallée. "M. de Mortsauf is a neuropath in the fullest acceptation of the word. He shows at one and the same time the physical stigmata which characterize degeneracy, and mental symptoms which are no less pathognomonic. . . . The dominant note (of his character) is lack of equilibrium, of that moral equilibrium on which right judgment depends; sometimes he reasons wisely, and discusses weighty political or economic problems; sometimes, on the other hand, he maunders along like a fool; he denies self-evident things and the realities of current observation; it seems as tho a distorting prism were placed between his eyes and his brain. This prism is his egotism, the frightful egotism of a sick man who sees everything in relation to himself, and who believes himself to be the pivot around which the whole external world ought to revolve. . . . It was by reason of this egotism that the Count de Mortsauf would recognize nobody as his superior and would admit no contradiction to his ridiculous theories. . . . For any trifling reason his humor would change at a moment's notice; at one time he would be gay and would forget the persecutions which opprest him; and then he would be taciturn, sombre, with frowning brow, hard looks, and haughty coldness. He would brood in this mood for a time, and would then burst forth in such a

terrible rage that it would shake him like a sudden hurricane. Then he would know nothing more; he would be like a furious madman under the sway of an attack in which the last vestiges of his intelligence were swept away; he would pour forth a torrent of coarse abuse and filthy imprecations which would make one forget his aristocratic birth; with tingling nerves and clenched fists, he would throw himself down and break the furniture, while his mouth would foam and his eyes would roll—and suddenly the attack would be over; he would throw himself limp and inert on a sofa in a state of complete collapse. . . . As a typical neurasthenic and a thorough egotist the Count is an imaginary invalid who leaves nothing more for M. Purgon to desire. . . . He is literally possest by this supposed disease. . . . He studies scientific books and thinks he has all the diseases of which he reads the descriptions. . . ." I have thought it interesting to dwell on this accurate and exact observation because it is of great documentary value on account of the period in which it was written, 1835, that is to say long before the neurologists had determined upon "a definite manner of describing the nosology of hysteria, neurasthenia, and mental degeneration." The types of Björnson previously quoted simply prove the wide-spread interest in Charcot's works by the laity even as far

away as Norway. Balzac's types prove the reality of the existence of the semi-insane who forced themselves upon the notice of the psychological novelist before the time of the regular medical descriptions.

Flaubert[1] in the creation of his types of nervous people has drawn both from his direct personal observation and from the works of physicians of his own time with whom he had more or less personal relations: B. A. Morel, Trélat, F. Voisin.[2] There is a very minute analysis of these types in De Lastic's essay.

"La Légende de Saint Julien L'Hospitalier" is an absolutely complete work from the psychiatrist's point of view, "and is perhaps the only one in literature for which such a claim could be made. One finds there the study of a man with impulsive obsessions, with the etiology, the origin of the idea, its development, its execution, and the termination of the disease; and the whole thing is described in terms which 'stick' so well to the subject, to use the favorite expression of the author, that the reader can himself feel every varying phase of the

[1] De Lastic: "La Pathologie Mentale dans les Œuvres de Gustave Flaubert," Thèse de Paris, 1906.

[2] For the description of hunger, Dumas told De Lastic that Flaubert "had largely borrowed from the personal memories of Dr. Savigny, one of the survivors of the shipwrecked on the raft of the *Medusa*."

patient's mental states as they follow one another." The hero of the temptation of Saint Anthony "is first a mystic degenerate. He believes that he is suffering from religious persecutions, but these delusions manifest themselves intermittently, and his delusions are not systematized, neither are his ideas of grandeur very marked; he is therefore autointoxicated, and several of his hallucinations partake strongly of the nature of those which are seen in the delusional states of exhaustion and inanition. . . . Flaubert has left us, in 'Salammbo,' another fine description of hallucinations due exclusively to the delirium of inanition." In "A Simple Heart" he describes mental debility. In "Sentimental Education" one finds something like a special clinic where one can see passing in a procession all those who were afflicted with this disease of the century, of which the name ought rather to be *disease of adaptation;* those whose continuous circle of stigmata Régis characterizes in these words: "Their existence is forever beginning anew, and is, so to speak, only a long contradiction between an apparent richness of resources and a poverty of results."

And lastly Madame Bovary is a hysterical degenerate, characterized by "inability to adapt herself to reality." As De Gaultier has said in his clever analysis of Bovaryism, "nothing has any effect on

her which is not a figment of her mind, which has not been previously transposed and changed from its real state by her imagination. Let us suppose that Madame Bovary were in reality transported into the midst of what she dreams about; that instead of being the daughter of her father, Rouaut, she were the child of aristocratic and enormously wealthy parents, . . . and we would find her always the same, feeling an aversion for the realities of her surroundings, . . . dreaming of some quiet life hidden in the depths of the country, and of the simple joys of happy friendship."

"La Renée in Zola's novel 'La Curée' belongs to the same family" as Madame Bovary. "She grows up in a wealthy and distinguished social set for which her education has prepared her, and yet, nevertheless, she never succeeds in enjoying realities any more than the others do." In "La Bête Humaine" the same novelist has attempted "the trait of a man with homicidal obsessions who goes so far as to accomplish the deed." [1]

In addition to these the greater number of personages in "The Natural and Social History of a Family under the Second Empire" are "more vicious than unbalanced." [2]

The description in "L'Assommoir" of an alco-

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[1] De Lastic: *Loc. cit.*, p. 95. [2] Cullerre: *Loc. cit.*, p. 357.

holic delirium with hallucinations is fairly accurate, says Regis, altho, however great the author's desire to make it natural, it does not escape being a little strained and unnatural in places.[1]

It is a scene of the semi-insanity of a sadic crowd which Zola "has admirably described on that famous page of Germinal, which is full of brutal realism, tho profoundly accurate and heart-breakingly true, where he depicts the crowd, after having killed the man whom it hated, as profaning his corpse."[2]

Nevertheless the neuropathological types in Zola's[3] works have only the value of a careful document borrowed from the physicians of the period. "It is chiefly the wise men and physicians whom I have abused," he himself writes; "I have never treated a scientific question or approached a disease without setting the whole Faculty by its ears."

De Goncourt was not ignorant of the fact, says Segalen,[4] "that the dramatic climax where Faustin, having jumped out of bed, stands in his nightshirt

[1] See essay quoted by Segalen (p. 65), the note on chronic alcoholism by Louis Coupeau, according to Zola.

[2] Cabanès et L. Nass: "La Névrose Révolutionnaire," p. 21.

[3] See Ducamp: "L'Idée Médicale dans le Roman Naturaliste." Address delivered at the inauguration of the University of Montpellier, December 5, 1896, and the Chronique Médicale, especially No. 20 of 1902.

[4] Segalen: *Loc. cit.*, pp. 28, 39.

in the middle of his room in the moonlight, declaiming the tirade of Hermione," might have been called by its natural name, somnambulism. The same author has reproduced under the title of General Paralysis of the Insane the observations of Jules de Goncourt, according to Edmond de Goncourt: "One of the saddest and most striking clinical observations which have ever been collected by a mind trained to the analysis of everything approaching the suffering of humanity." Apropos of which Edmond de Goncourt wrote: "Putting aside all feelings of sensibility, I have thought that it would be useful for the history of literature to give this frightful study of the agony and the death of a literary man." [1]

In "Fa Dièze," by Alphonse Karr, there is depicted the anguish of an individual with onomatomania whose futile search for a musical air which has escaped his memory becomes an obsession, and drives him to such a despair that he dies of it.

In a scene of pure fantasy, but one that is full of accurate observation, in "Mère," Hector Malot describes the waiting-room of a celebrated neurol-

[1] Edmond de Goncourt: "La Dernière Maladie de Jules de Goncourt." Cited in Chronique Médicale, 1896, p. 464. This observation might as well and perhaps better have been placed in Chap. IV.

ogist, where his patients sit around like "penguins" awaiting their turn. All at once one of them, "a solemn individual," well-dressed, with a distinguished appearance, and the manner of a diplomat or a magistrate, leaves his armchair and goes over to Victorien "with a manner of extreme politeness in which there was mingled a certain embarrassment. 'Pardon me, sir,' said he to him, 'for speaking to you without having had the honor of your acquaintance.' Victorien looked at him inquiringly. 'Exactly how many buttons have you upon your waistcoat?' 'Really, sir, I have not the slightest idea.' 'Permit me, I pray you, to count them.' 'Willingly.' 'One, two, three . . . eight. You have eight.' 'Thank you.' 'It is I who should offer you my thanks; I could not get the number exactly—your scarf prevented me; it was *cruelly painful;* when the desire to count anything takes me, I simply have to count. I am very much obliged to you.' 'It is I, sir, who am happy to have had the chance to accommodate you.'" [1]

In the work of Claretie I cite Jean Mornas, who is one of the "most remarkable specimens in the literature of hypnosis," and "Moi et l'Autre," in which the hero is a demifous with double personality. . . .

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[1] See also "Les Détraqués" of Maurice Montégut.

I could cite several types of more or less accentuated psychoneuroses in the novels of Paul Bourget;[1] Hélène in "Un Crime d'Amour"; Pierre and Olivier who, in "Une Idylle Tragique," have the same obsession and undergo a regular attack of communicated insanity; Armand in "Physiologie de l'Amour Moderne," who from his youth has always had a feeling of weariness and disgust, even before having lived his life which caused him to feel bored by the very pleasures which he desired, and who believes that he will never have the power of feeling, and suffers horribly from this imaginary anesthesia; the American in "Deux Ménages (Voyageuses)" who with his neurasthenia pays "the penalty of a life of hard work which would have killed a European in a few months"; and in the same collection "Odile," which is the dramatic history of a hereditary suicide with an admirable description of the temptation of death and the fright which it causes to these unfortunate nervous people; and finally Julie in "l'Étape," whose semi-insanity is characterized by a disordered sensibility.

Paul Bourget knew the semi-insane so well that he pitied them more than the insane: "For an insane man, the worst of all misfortunes is not to

[1] See my conference on "L'Idée Médicale dans les Romans de Paul Bourget," January, 1904.

be wholly insane, and for a lover to believe in his love." [1]

In concluding this rather long and very incomplete enumeration I will quote from the stage of to-day [2] the drama of Bruyèrre, "En Paix," which propounds this distressing problem: "Do they not sometimes shut up perfectly sane people in insane asylums?" and above all "l'Enquête" of Professor Roger (G. Henriot), "the most perfect example of a play constructed on a medical observation without any technical digressions, without any side issues, and without romantic padding. It deals with a case of hidden epilepsy in which a sudden terrible attack comes on with unconsciousness and without leaving the slightest trace in the memory of the subject. . . ."

What does this chapter prove? Nothing very much from the scientific point of view.

We must not, however, refuse to place any value upon this literary evidence. That would be as unjust as to exaggerate its value.

It is false to try to make a chapter in biology out of literary material, and consequently one can not look for scientific proof in a literary work. The time is past when "the de Goncourts invited the

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[1] Paul Bourget: "Physiologie de l'Amour Moderne," lxxvi., p. 522.

[2] See Eyriès: *Loc. cit.*, pp. 211, 220.

public who were anxious for information to attend their clinics," or "Zola naively considered himself a worker on the same lines as Claude Bernard," or Daudet testified in court with an "amusing professional gravity . . . in the tone of a medico-legal expert pronouncing upon the mental condition of the accused," not doubting in the slightest "but that his testimony would be admitted as evidence, coming from a scientific man whose profession was the study of passional disturbances"; and when the novelists and dramatists all considered themselves as "specialists who were proficient, in case of need, to hold consultations."[1]

We must know, therefore, that, by the very definition of literature and under the penalty of not being literary, literary men do not do scientific work, and consequently the public ought not to mistake a work of art for a work of science.

It is, therefore, not a scientific proof of the existence of the semi-insane that one must look for in the preceding pages, but a *popular* proof, the evidence of unprofessional observation. This has a value of its own, and really forms the first step toward scientific proof.

If literary men were content to reproduce, in dramatic form, either in novels or on the stage,

[1] Lanson: "La Littérature et la Science," "Hommes et Livres," "Études Morales et Littéraires," 1895, p. 323.

scientific descriptions borrowed from various physicians of their times, that would have no value whatever from this point of view.

But, in those literary or dramatic works which are the richest in medical evidence there is always a great deal of the author's personal observation; I speak here only of works having true value.

This is chiefly because some medical evidence has seemed to these authors to agree with the facts which they themselves have observed, that they have chosen and used it. If Björnson took from Charcot and Richer their descriptions of major hysteria for "Au-dessus des Forces Humaines," it was because he had met and observed real people to whom these descriptions were marvelously well fitted.

If in the contemporary Russian novel there are so many descriptions of the semi-insane it is because, as we have seen stated by Orchansky, these semi-insane living in perfect freedom outside of asylums exist in hundreds of thousands in Russia.

This element of personal observation appears of more value and more unquestionable when one finds descriptions of the semi-insane in older literature, as in Shakespeare and even in Dostoiewsky, whose characterizations came before any of the great works of contemporary neurology on these clinical types.

It is therefore no exaggeration to say that the great number of descriptions of the semi-insane in the drama and in the literature of all times and of all countries is a step toward the proof of their existence, a step toward proof which has no scientific precision such as a neurologist would give, but which has this advantage, that it is supplied by minds which one could never suspect of seeing neurotic characters on every side.

This chapter must not be considered in any other way than as a preamble or as an introduction.

It is now necessary to try to prove that the semi-insane do not exist solely in the imagination of the poets, novelists, and dramatists.

CHAPTER II

Refutation of the Doctrines which Deny the Existence of the "Demifous"

I. The "two-block" theory.
   A. Explanation of the theory.
   B. Refutation.

   Human individuality is one and indivisible; but the psychic organs are multiple and complex and can be partially changed.—The psychic centers should be divided into superior and inferior. They occupy different zones in the cerebral cortex.—Objections to this way of looking at the subject.—Distinction between mental and psychic, between the insane and the semi-insane.

II. The "single-block" theory.
   A. Explanation of the theory.
      1. Series and continuity from the most sensible to the most insane.
      2. Series and continuity from the most responsible to the most suggestible and most irresponsible.
      3. Series and continuity from the lowest animal to man, from absolute determinism to free will which does not exist.
   B. Refutation.

      The existence of a great many intermediaries between two conditions, or two phenomena, does not prove the identity of these two conditions or of these two phenomena.

      The condition of sickness is different from the condition of health.

      Differences between nervous temperament and nervous diseases.

      The necessity of making a distinction between the sane and the insane, between the responsible and the irresponsible.

THE scientific demonstration of the existence of the "demifous," or semi-insane, should be preceded by a refutation of two theories, which,

starting from very different conceptions, lead to the same general conclusion, that the semi-insane and the semi-responsible as such do not exist.

According to the first theory, which is extremely simple and easy, one is either insane or he is not insane, he either is or is not responsible. There is no middle ground. Humanity is divided into two groups, the group of reasonable beings and the group of those that have no reason—the group of those that do the locking-up, and the group of those who are locked up. This is the "*two-block*" *theory*.

In the second theory, which is much less crude and more scientific, there are neither insane nor sane people; there are only people who are more or less sane. It all becomes a question of degree. Mankind is graded in a long continuous series, in which it is impossible to draw a boundary line between the insane and those who are not so; this is the "*single-block*" *theory*.

In neither of these two points of view is there any place for the semi-insane.

I. THE "TWO-BLOCK" THEORY

A. One might say that this first theory is that of the world at large. It is the *unmedical* theory, admitted also by a certain few physicians whose number is diminishing every day.

This theory would be so convenient for the exercise of justice that most magistrates adopt it, or rather would like to impose it upon physicians. Yes or no? Is the accused sane or is he insane? Is he or is he not responsible for the crime or the misdemeanor which he has committed? Shall we condemn him or shall we commit him? This is the dilemma in which justice would like to trap the expert, who has the appearance of trying to evade responsibility, if he will not answer categorically and emphatically yes or no.

It is so simple, as Michel Corday has made one of his characters say, "to put up a fence around an asylum," and to announce: "On this side they are insane; and on that side they are sane!" It is so natural to carve the world into two parts: on one side those who are insane because they are shut up, and on the other side those who are not insane because they are not shut up, just as if one could say, "All those in the cemetery are dead, and all those outside of the cemetery are living."

In this ideally simple theory everything is easy; there is on one side a mass of reasonable people, and on the other side a mass of insane people; between the two there is a deep moat and a wall pierced here and there with several openings which from time to time permit a few who must change their "block" to pass from one side to the other.

There is, therefore, no such thing as a semi-insane or a semi-responsible person.

Diminished responsibility is an invention of perplexed physicians who but half hide under this word their ignorance or their cowardice; it is the conclusion of experts who either do not know their subject or who do not wish to compromise themselves by a frank statement.

As was said by a lay journal of wide circulation, *apropos* of the affair of the poisoner of Auch, no one understands the meaning of this expression: "Diminished responsibility: . . . one either is responsible or one is not, but it is very hard to conceive that there are halves or thirds or quarters of responsibility. In what balance will one weigh these questions of responsibility, these fragmentary sins? And will they decide, when they discuss the question of punishment, that the condemned shall be only semi-guillotined?"

It would really be very annoying to see jurors or magistrates attach any importance to sallies of this order. But this humorous article expresses a theory which has some pretense toward being scientific, and which, in another chapter, we shall see upheld by very excellent minds (medical and legal) and which therefore we must study.

I believe that this "two-block" theory has no real scientific basis whatever.

B. To support this "two-block" theory one must start with the idea of the unity and the indivisibility of the reasonable and responsible human being. When this one and indivisible ego is intact, the subject possesses reason and responsibility; when this ego is destroyed, changed, or diseased, the subject has lost his reason and his responsibility, and is insane and irresponsible. Being indivisible in his unity, this human being can not be partially destroyed or changed; he can not, therefore, have either partial insanity nor diminished responsibility; hence there are no semi-insane nor semi-responsible people.

The error of this line of reasoning does not lie in the idea of a one and indivisible human personality. I freely admit, for my own part, the unity and the indivisibility of the human being. But it is not with this human being that the physician is dealing when he studies the question of insanity and of responsibility. The physician is only interested in the organs through which this person's life is manifested, and these organs, altho they may form a living unity, are in themselves essentially multiple, complex, and divisible.

It is necessary here, therefore, to lay down this first proposition; I shall not take up at all in this book the principles of thought or of the psychic life; I have only in mind the nervous apparatus

by which this psychic life is exercised and manifested. I shall speak only of the brain, the material organ necessary to the actual exercise of human thought. I shall not deal with the immaterial and immortal elements which certain religions and certain philosophies admit under the name of soul. The most ardent spiritualists readily admit that in actual life, as we study it, the soul can not think without the brain.[1] They also admit, all of them, that madness is a disease not of the soul, but of the body. The study of it therefore belongs to physicians who know nothing and study nothing but the body and who often find in such patients actual lesions of the brain.

Therefore, when I study the question for the purpose of knowing whether there are or are not semi-insane people, I have nothing to do with any question except one of pure physiology; the various religious and philosophic schools need not expect, or at least they will not find, in the present study either confirmation or refutation of their doctrines.

Thus stated and limited, on a very definite and exclusively medical ground, the problem would seem easy to solve. The question comes back to

[1] See: "Pensée et Cerveau," "La Doctrine Biologique du Double Psychisme et le Spiritualisme," "Réponse au Docteur Surbled," Revue de Philosophie, 1906, t. iv., p. 201.

us whether the nervous mechanism which directs thought is a single and individual organ like the human being himself, or if, on the contrary, it constitutes a complex apparatus formed by a great number of different neurons, and of various groupings of neurons (psychic centers) which are of different values in the thinking process.

In order scientifically to defend the two-block conception, the psychic centers themselves ought to constitute a single and indivisible whole. Then one could say: This single and indivisible apparatus is diseased or it is not diseased; if it is diseased, the subject is insane and irresponsible; if it is not diseased, the subject is sane and responsible.

If on the contrary this nervous mechanism has nothing whatever of that unity or indivisibility which belongs to the human being, if it is a multiple, complex, and divisible organ, it ought to be perfectly possible and easy to conceive of a lesion taking place in a part of these centers, and in consequence a diminution, without loss, of reason, and an attenuation, without suppression, of responsibility.

The whole question therefore comes back to the necessity of knowing whether the psychic centers are or are not a single and indivisible organ; and for that it is necessary to know whether or not they are localized in this or that part of the nervous

organs as is the case with the other great functions, such as the sensory-motor and sensorial, etc.

Certain authors (Munk, Pitres, Surbled) have very distinctly said that the psychic centers can not be localized.

In his opening address at the Congress of Nancy (1897) Pitres said that the psychic neurons slip through even the anatomoclinical method, and that "the functions that are attributed to them can not be localized." Munk characterizes these researches on the localization of the psychical centers as "a thought play." And Surbled formally states: "As for the psychical and intellectual faculties, they have neither seat nor organ; they are not localizable." [1]

This is an error which seems to me to be caused by a confusion of words.

First it is impossible to say, with Surbled, that the localization of the psychism is philosophically impossible. Why should it be impossible?

In any philosophical or religious doctrine one can not deny that there are neurons whose integrity is necessary for psychical functions and for the accomplishment of psychic acts. It is only a question of knowing whether these neurons are *localized* in any region whatsoever of the nervous

[1] This opinion is equally defended by certain classics. See Dupré: "Traité de Pathologie Mentale de Gilbert Ballet," p. 1058.

centers or whether they are diffused to some extent through all.

To the question, as it thus stands, science has been able to reply yes or no. It would be able perhaps even to modify its reply, and to say whether these neurons are or are not localized.

But I do not understand how, in the name of any religious or philosophical doctrine whatsoever, one can declare that they can not be localized.

On exclusively scientific and physiological grounds one can not any longer deny the *possibility* of this localization. One can say that the various psychical centers are not yet all distinctly and sharply localized; there is certainly still much to be done and to be discovered along this line; but one can not say that there is no such fact, and above all that there is no possibility of it.

I have tried to show elsewhere[1] that if the question of psychical localization is so far behind, while that of motor and sensory localizations is so advanced, this is a result of stating the question badly.

It is evidently impossible to consider the psychism as one would motility or vision, and to want

[1] "Le Problème des Localisations Psychiques dans le Cerveau," French Congress of Medicine, Paris, October, 1904. See principally "Le Psychisme Inférieur," "Etude de Physiopathologie Clinique des Centres Psychiques," Bibliothèque de Philosophie Expérimentale, 1906.

to localize it, as it were, *en masse*, around a fissure or in a group of convolutions.

The cerebral cortex, taken as a whole, is psychic. One can even limit the psychic phenomena to this cortex. The psychic neurons must be localized in the cerebral cortex.

In order to go further, and to localize the psychism with more or less precision in the cortex, one must make a psychological analysis; and one can not separate the psychical functions into faculties—memory, attention, association of ideas, etc. There is certainly no center for each one of these functions.

It is better to approach the question from another side and to divide the psychical functions into three groups:

1. The motor-sensory psychical functions or psychical functions of external relations. 2. The unconscious and automatic psychical functions (subconscious psychism). 3. The superior psychical functions—those which are conscious and voluntary.[1]

[1] Without its being necessary to contrast his expressions and mine, I wish to refer to an article by Edme Tassy ("La Psychologie Actuelle et le Degré de Conscience," Mercure de France, 1906, p. 56), in which one reads: "The intellectual life is at one and the same time emotional, mental, and psychic. This triple division is not one of pure theory; it corresponds to a functional reality which justifies the study of the pathology of the mind; one could even establish on this distinction a classification of insanity

The anatomical location of the first group of psychical centers is well known at the present time. They are always on the cortex, on the external face, the perirolandic zone (general sensibility and motility) and the middle zone of the first and second temporal convolutions (hearing); on the internal face, the pericalcarine area (sight), and the hippocampal zone (taste and hearing).

The centers of the lower psychism appear to occupy the middle and posterior zones of the association centers of Flechsig. The meeting-points of these long association systems would be the central areas of these zones; the middle portion of the angular gyrus and the third temporal convolution. It is necessary to add to these the corpus callosum, as it represents all the bundles which connect the psychical centers of one hemisphere with those of the other.

Finally, the higher psychical centers seem to be contained in the prefrontal lobe, or prerolandic areas; the frontal lobes, less the ascending frontal, and the base of the three frontals (to which must be added the ascending parietal and the paracentral lobule). This latter has not yet

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that would be more rational than most of those held at the present time. If it is more delicate to make a distinction between a psychical act and an emotional one, the functional distinction of a mental deed is clearly outlined."

been definitely proved; but I have been able to get together[1] a mass of clinical evidence which deserves attention and which proves that the problem, if it has not been solved, is not at least definitely insoluble by reason of its nature and by its definition.

It seems to be established that a lesion of the prefrontal lobe is more often accompanied by profound mental disturbance, such as the loss of free-will and conscience, at the same time leaving intact, or almost so, the functioning of the lower psychisms; that is to say, the automatic and unconscious psychism.

Thus one of these patients, observed by Cestan and Lejonne, would reply easily to questions put to her when they were simple and required no personal effort; she would repeat short phrases, pronounced in her hearing, would even do easy sums of addition, such as three and four or six and three. But, if the reply were more complicated, and required a certain amount of reflection, and distinctly personal intellectual effort, the patient would remain passive, replying with smiling placidity that she didn't know, and would not even try to do anything more. It was found, at the autopsy of this patient, that there was a tumor of the frontal lobe.

[1] "Le Psychisme Inférieur," p. 392.

Facts of this kind (and they are beginning to be numerous)[1] prove two things: first (what has been known for a long time), that there are parts of the brain necessary to superior intellectual functions; in the second place (what has been more recently acquired), that the disease of these parts of the brain does not suppress all intellectuality, that there are other parts of the brain which also preside over the psychism, an inferior psychism no doubt, but a real psychism nevertheless.

The opponents of this doctrine will not give in, and most energetically uphold their old way of looking at it.

"Be it as it may," says Surbled,[2] in a recent article, "science has taken a step in progress which Prof. J. Grasset alone does not wish to admit, and of which he will take no notice. She no longer permits us to question the *unity of the cerebral life*, which is so splendidly set forth by facts, and she lets us have a glimpse of the day when brain functioning will explain this life under its double form, with the *ego* and the *subego* so closely associated and mingled in their multiple manifestations of the psychical life where they uphold our *personality*, which is always one and the same.

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[1] I have quoted forty-six of such cases in my "Psychisme Inférieur."

[2] "Le Sous moi," La Pensée Contemporaine, 1906.

Is there any need for me to recall that I have never denied this "personality which is always one and the same"? I maintain, however, that the *organ* of this personality, the psychical center, is multiple and divisible; in just the same way that the unity of the living being does not prevent there being complexity and divisibility of the body and of its organs.

It is remarkable, moreover, that in this same article Surbled studies with much clinical good sense the dissociation of the ego and of the subego (that is to say, of O and of the Polygon of my scheme).

In somnambulism, he says, "it is probable that there is an act of dissociation in the encephalic organs which by their harmonious functioning execute the acts of our conscious life and assure our personality. This dissociation is of the same order as that on which natural sleep depends."

In neuropaths, "the ego and the subego cease to be one and conjointly responsible. . . . In consequence psychic activity escapes in a considerable degree from the control of reason, from the ego, and falls into a too restricted dependence upon the subconscious ego, that is to say, into a state of unconsciousness." In hysteria "the functioning of the brain is more or less dis-

sociated, and the *subconscious ego* extends and enlarges its empire, to the detriment of the *ego*." In hypnosis "consciousness no longer exists. The unity of our life seems ruptured, and the brain, given up to suggestions from without, is capable of nothing but an automatism as perfect as it is unconscious. The *subego* rules as master, but acts blindly."

I have never held anything else. One must therefore realize that the disagreement between my contradictors and myself is more apparent than real.

Without doubt, Surbled adds (and this is different from what I teach): "The *ego* and the *subego* have the same organic substratum, the same cerebral localization." I believe to have shown the contrary. How can we understand these dissociations between the ego and the subego, if they are united in the same location? How, above all, shall we understand their simultaneous and distinct functioning, at certain times, as in distraction?

In any case, it seems to me that it may be stated, as a proved scientific proposition, that the cerebral centers of thought and of reason are complex and divisible.

Thus the basis of the "two-block" theory which I am combating completely disappears from view; this whole theory resting on the unity and indivisi-

bility of the psychical centers which are either intact or diseased. This principle is scientifically wrong, and we no longer see on what the theory could now be established.

The cerebral center of reason and of thought being complex and divisible, one understands that there may be, in men of good health, an unequal development of certain faculties, and one can foresee the theme which I shall develop a little later (Chap. IV) that a man may be intelligent and yet irrational, and that a man of talent and even of genius may nevertheless be lacking in good sense. One can also foresee that according to the number and the nature of the psychic neurons affected, in a given person, reason may be completely submerged or only partially altered in a proportion varying according to the case.

If the word *mental* is to keep its old meaning of psychic superiority, the word *psychic* has a much wider meaning,[1] the mental being a part of the psychic. It is thus possible to understand that changes in the inferior psychism which disturb the reason, without destroying it, are those which make the semi-insane, while more profound

[1] There is no need, I think, to repeat that I do not attach any ontologic value to this distinction of mental and of psychic, and that I have not in any degree the desire, with which I have been reproached, of resuscitating the distinction between *mens* and *ψυχη*.

changes of the superior psychism destroy the reason altogether and render the individual insane.

In short, from the point of view of the integrity or disease of the psychic centers, we have hitherto recognized that there are three groups of clinical facts: 1. The cases in which the psychical centers are affected in sufficiently large number to render the subject insane. 2. The cases in which the various psychical centers are sufficiently intact for the subject to be rational. 3. The cases in which only a part of the psychical centers, and these the least elevated, are afflicted. In the last group the psychical alteration is not sufficiently wide-spread to lead to insanity; it is nevertheless sufficient to render the psychic functioning not quite normal, and these cases form the demifous, or the semi-insane.

In other words, the actual idea of psychical centers forces us to admit two classes of patients, the mental and the psychic. The mentally afflicted have lost their reason, free-will and conscience, and their superior intellectuality; they are insane. The psychically afflicted have not lost all that goes to make up reason and superior thought, but they are nevertheless disturbed in their psychism, which is not normal; they are semi-insane.

Therefore, on the one side there are the normal, and on the other there are the diseased. But

among the latter one must distinguish the mentally sick, who are insane, from the psychically sick, who are semi-insane.

The "two-block" theory, therefore, can not be maintained. Humanity is not divided into insane and sane. The psychical centers are many and complex; disease may attack them in different degrees. There are those who are sick and those who are perfectly well; but among the sick one must distinguish two separate groups: the insane and the semi-insane.

II. THE SINGLE-BLOCK THEORY

At the other extreme of modern science, among the more profound and advanced physicians and philosophers, the second theory holds sway. It differs entirely from the preceding one, but like the first it ends in denying the existence of the semi-insane and of the semi-responsible.

A. These savants no longer admit that there are two blocks, the one of intelligent and the other of unintelligent individuals. According to them, humanity as a whole consists of only one "block." From the most intelligent to the least intelligent, from the most responsible to the least responsible, there is a continuous gradation.

There are no longer any semi-insane, for there is nothing but insanity in a world in which every-

body is insane in a different degree. The medico-legal question of responsibility is swallowed up and disappears in the question of universal responsibility or irresponsibility.

This doctrine, which is as seductive as it is dangerous, is constructed upon three principles: First, there is a gradation and continuity from the most reasonable to the most insane; second, there is a series of gradation and continuity from the most reasonable to the most suggestible and the most responsible; third, there is a gradation and continuity from the lowest animal up to man, that is to say, from absolute determinism to free-will, which latter accordingly can not exist.

I am going to state these three principles fully before discussing them as a whole, and will then discuss the "single-block" theory, of which these principles are the point of departure as well as the foundation.

1. There is a gradation and continuity from the prefectly reasonable being to the wholly insane.

In a general way, it is impossible to draw any absolute and fixed line of demarcation between physiological or normal phenomena and pathological or abnormal disturbances.

Where does fever begin and end? What are the border-lines of disease? It is impossible to say. One person would be considered perfectly

well with a pulse at 80 and a temperature of 99.5° F., while another would be sick with a pulse of 72 and a temperature of 98.2° F.

Héricourt,[1] who has written a very interesting book on the "Borderland of Disease," has very clearly shown that for the large majority of cases the state of health and that of disease are in reality "to a certain extent a continuation of one another; the boundary-line which separates them is uncertain, and it is sometimes impossible to define it." The condition of perfect health is "connected with a condition of manifest disease by an ascending curve which mounts very slowly and on which it is often difficult to mark the point where disease can be said to commence."

Along the same lines Charrin[2] has recently studied *the oscillations of physiological conditions* and has concluded: "Apart from distinctly specific affections, the very nature of things admits that health and disease frequently present points of contact. . . . A physiological condition is not unchangeable. . . . Unforeseen factors . . . affect this physiological condition by repeated variations, which are more or less profound and susceptible

[1] J. Héricourt: "Les Frontières de la Maladie," Bibliothèque de Philosophie Scientifique.

[2] A. Charrin: "Les Oscillations de l'État Physiologique," La Revue du Mois, 1906, t. i., p. 158.

of leading it at any moment beyond the borders from the side of health over to the other side on which the condition may be considered pathological."

This continuity, this lack of separation and sharp definition between a physiological state and a pathological state seems still more evident and real for the psychism.

There is no difference except that of degree between a dream and delusion.[1] Everybody dreams more or less, and the delirious person is often only a dreamer who goes on with his dreams when he is wide awake. As long ago as 1881 Lasègue showed that alcoholic delirium especially is a dream, and Régis in 1893 studied and described the occurrence of oniric delirium or dream delirium (οναρ ονειρος) in all of the intoxications and infections.

Between calm, cold reason and a transport of passion, between originality and eccentricity, between nervousness and agitation, between a person who is slightly touched and one who is demented there are all degrees of transition, and it is impossible to say where insanity begins. A sharp line of demarcation would be arbitrary and false.

"A man corresponding to the ideal type of nor-

[1] See Lucien Lagriffe: "Du Rève au Délire," Gazette des Hôpitaux, 1902, p. 453.

mal anatomy and physiology as well as perfect mentality does not really exist anywhere," says Héricourt. "On the other hand, we all of us show some defects, some anomalies, and some weak points."

And, as Michel Corday says, "the greatest mental misery" is only an exaggeration of these little miseries. "Wait," cries Parrot, "look around you, on all your little company. Do you not believe that all your comrades are more or less cracked? . . . Think of the slight knocks which would break their reason completely and make them totally insane. . . . It is only a question of degree."

Bernheim[1] has denied the existence of hysteria, as, with Delbœuf and Hartenberg, he has denied the existence of hypnotism. After having quoted a phrase of Lasègue and one of mine[2] he adds: "I believe that the definition of hysteria is impossible, because hysteria is not a morbid entity and not a disease."

There are two things, he says, in hysteria: the

[1] Bernheim: "Conception du Mot Hystérie," Revue Médicale de l'Est. et Doin, 1904.

[2] Lasègue has said (Archives Générales de Médecine, 1878) that "the definition of hysteria has never been given, and never will be"; and I have added ("Dictionnaire Encyclopédique de Science Médicale," 1889), "I do not know whether it will ever be given (tho one must not despair of any progress); but I know that it is still really impossible."

attacks and the manifestations either associated with them or which take their place.

The attacks "are only an exaggeration of ordinary phenomena of a psychological nature." Between the coldest apathy and the most violent hysteria we find every state of transition, passing by various degrees of emotionalism and of nervous temperament. There are people who are more or less nervous, more or less sensitive to nervous reaction, and people who are more or less apt to be hysterical. And that is all.

As for the other symptoms or stigmata of hysteria Bernheim strives to prove that one finds them also in people who are not apt to be hysterical. Thus the anesthesia, with its characteristics and its distribution, is found outside of hysteria, or rather it does not exist in hysteria; it is created by "the mind of the subject and is often brought into existence by the preconceived idea of the physician who is looking for it." The same is true for the narrowing of the field of vision. "The perimetric examination of the eye is often enough to give certain people the idea that their sight has become weaker and creates a more or less noticeable narrowing of the visual field which suggestion can sometimes enlarge again." The motor stigmata (paralyses, contractures, spasms . . .) are met with very frequently as a result of disease, or of

various causes, in patients who are by no means apt to be hysterical, and in all cases, Bernheim says, they are not at all more frequent in hysterical patients than in those who are not so.

In short, according to this eminent neurologist, hysteria does not exist. There are only people who are more or less nervous or more or less sensitive to nervous reaction.

This negative conception applies to all neuroses if, with Dubois [1] of Bern, one places hysteria in the great complex group of the psychoneuroses which includes: neurasthenia, hysteria, hysteroneurasthenia, the milder forms of hypochondria and melancholia, and finally certain more serious unbalanced conditions which approach insanity, of which he says: "I insist at the start on the impossibility of sharply defining the boundaries between neurasthenia, hysteria, hypochondriacal and melancholic conditions."

Maurice de Fleury [2] has said: "As for Dubois, all his patients can be hypnotized, and all neuropaths are imaginary invalids amenable only to treatment by suggestion."

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[1] Dubois: "Les Psychonévroses et leur Traitement Moral," préface de Dejerine, 1904 (see English translation by Drs. Smith Ely Jelliffe and William A. White. Funk & Wagnalls Company, New York).

[2] Maurice de Fleury: "Conférence Analysée dans la Gazette des Hôpitaux," 1904, p. 1329.

Babinski's[1] conception of hysteria seems to be extended to include all the neuroses when he says that the only common characteristic of all hysterical manifestations, and of hysterical manifestations only, is "the possibility of being reproduced by suggestion and of disappearing under the exclusive influence of persuasion."[2]

This is how these writers suppress nervous diseases, or rather how they join them to nervous temperaments and to physiological conditions, and how they strive, in consequence, to establish the first principle of this single "block" theory. And they conclude: there is a continuous series from the normal to the insane; the whole of humanity forms one single "block" from its psychic and mental make up.

2. The second principle is easily deduced from the first; it is not necessary to divide men into a responsible and irresponsible class; since there is only one continuous series of human beings, all more or less irresponsible. The jurists find themselves beset with hesitation and doubt. "Is there," asks Saleilles,[3] "from the pathological point of

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[1] Babinski: "Définition de l'Hystérie." Société de Neurologie, November 7, 1901. Revue Neurologique, 1901, p. 1074.

[2] Babinski proposes to replace the word hysteria by the word *pithiatisme* from πειθω (persuasion) and ιατος (curable); a psychic condition which manifests itself by symptoms which can be cured by persuasion.

[3] Saleilles: *Loc. cit.*, p. 148.

view, any sharp distinction between a man with a healthy mind and sound reason, who permits himself to be overcome by a passing attack of a criminal nature, and another who allows this nature to become chronic? and is there any difference between this latter individual and the abnormally pathological man? The transition between the natural criminal and the insane man is already beginning to disappear, so that one can foresee, if this first point be gained, that the second will be won still more easily. For the difference between a sharp attack and a chronic attack is only one of permanence in intensity and not in the pathological or psychological character of the criminal deed at the moment when it was committed."

Clinically Bernheim has excellently developed this doctrine of the continuous gradation of responsibilities from the most complete to the most incomplete.[1]

Hypnotic suggestion does away with responsibility; that is evident. An individual to whom it has been suggested, in a hypnotic state, that he should commit a crime, and who commits it, is not responsible. But, according to Bernheim, the word suggestion has a very broad meaning and includes persuasion, advice, and teaching—every

[1] See "L'Hypnotisme et la Suggestion," pp. 57 *et* 458.

means that one psychism can use to act on another psychism. Suggestion means every idea accepted by the brain, "whether this idea comes by the ear, exprest by another person, by the eyes, or is formulated in writing, or is gathered from the expression of a face; whether it springs spontaneously into existence, awakened by an internal impression, or is developed by circumstances in the outer world. Whatever may be the origin of this idea it constitutes a suggestion."

"Regarded from this point of view the doctrine of suggestion takes on remarkable proportions; it includes the whole of humanity, because suggestion, wherever it may come from, is the idea, with all its consequences, which acts upon the brain and becomes a deed. . . . It is in all current ideas which one comes across, in imitation, in the instincts which rest on preconceived opinions, in philosophic, religious, political, and social education, in reading, in the stimulation and opinion of the press." Suggestion is therefore in every deed; all men act under its influence;[1] they only differ from one another by the degree of their susceptibility. . . . And these ideas are not the exclusive property of a single professor of Nancy. Crocq and many other good thinkers declare that Bern-

[1] Bernheim even speaks somewhere of "hereditary suggestions."

heim's definition of suggestion is "the best which has been given up to the present time."

All these authors, who with Bernheim look upon suggestion as any sort of psychic influence which may act on another psychism, by so doing extend enormously the idea of irresponsibility, or rather they suppress it in order to replace it by a continuous chain of responsibilities which become more or less diminished, and, to apply and develop the phrase of Tarde,[1] they hold that absolute responsibility and absolute irresponsibility are ideal limitations which are not realized by facts.

Bernheim outlines the doctrine with great ability. "Suggestion," he says, "plays a rôle in nearly every crime." And he shows this in the crime of Émile Henry, the young anarchist who threw a bomb at the Hôtel Terminus, and in the crime of Pranzini, who, in order to steal from her, assassinated a charming woman whom he was in the habit of visiting. Under the form of autosuggestion he finds the same element of diminution of responsibility in cases where there is no question of hypnotism, as in the affair of Meunier, who without any outside suggestion, in order to marry a woman, killed a priest and his servants so that he could rob them, burned his house, killed one of his chil-

[1] Tarde, cited by Henri Lemesle: "L'Évolution de l'Idée de Responsabilité." Revue de l'Hypnotisme, t. x., p. 304.

dren, and then a stranger. All insane persons become subject to suggestion. The crimes of mobs are equally due to autosuggestion. "The principal suggestive influences," says Schrenk-Notzing, "come from the social environment of education, religion, fashion, politics, the press, and principally from the infectious agitations caused by fanaticism and superstition. Psychic contagions of this nature have often led to crime."

Bernheim clearly foresees the objections to this. "I still hear you say: According to your idea everything is suggestion. If you doubt determinism and free-will and moral responsibility, what shall we come to? If man has evolved by reason of his own organization, why struggle? What! He led himself away? God and the devil led him! This is fatalism. It is a denial of human dignity and will." Certainly, he adds: "Any one who draws such a conclusion from our doctrine has not conceived it clearly." But he does not show in what way these deductions of the adversary are false. And he concludes his report made at the Congress of Moscow thus:[1] "Sixthly, suggestion—that is to say, ideas, wherever they come from—acting on the brain, plays a rôle in nearly

[1] Bernheim: "L'Hypnotisme et la Suggestion dans leurs Rapports avec la Médecine Légale." Rapport au Congrès de Moscou, 1897, pp. 101 and 102.

every crime. . . . Tenthly, absolute free-will does not exist. Moral responsibility is most often impossible to appreciate."

From this doctrine of Bernheim one can draw two conclusions which are identical in spite of their opposition, and admit that either all men are irresponsible or that they are all responsible. Thus we have the basis of the second principle of the "single-block" theory; the continuous series from the most irresponsible to the most responsible.

3. This "single-block" theory is finally perfected and completed by the continuous gradation admitted by all modern evolutionists from the pebble to the ameba, and from the ameba to man. As determinism is unquestioned in the mineral world, one will find it more or less complex and hidden, but just as absolute in its essence, in man.[1]

"A line of conduct where morality does not come into the question," says Herbert Spencer,[2] "is transformed by imperceptible degrees in a thousand little ways into a conduct which is either moral or immoral." What is the meaning of the words *good*, *bad?* "Conduct is good or bad according as the special acts which go to make it up,

[1] See "Les Limites de la Biologie," 4th edit., p. 23, and "Le Psychisme Inférieur," p. 438.

[2] Herbert Spencer: "Les Bases de la Morale Évolutioniste" Bibliothèque Scientifique Internationale, 6th edit., 1880, pp. 4 and 17. Paris, F. Alcan.

whether well-adapted or badly suited to special ends, can or can not lead in the general end to the preservation of the individual" and "the life of the species."

In the same way Le Dantec[1] has studied the will of the plastids and has gone on up to man: "The gradual and logical transition of the protozoa up to man authorizes the extension of the principle of inertia to every body in nature." Everything is determined in man; nothing is free; we have only "an illusion of will."

"Let us then," says Duprat,[2] "have the honesty to say frankly that liberty, such as it has too often been conceived, is an illusion due, as Spinoza has shown, to ignorance of the great number of causes which determine our decisions."

According to Schopenhauer,[3] "human acts are absolutely determined; . . . the will is a phenomenon of the same order as the reactions of the inorganic world." Pierre Laffitte[4] says, "The most

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[1] Le Dantec: "Le Déterminisme Biologique et la Personnalité Consciente." Bibliothèque de Philosophie Contemporaine, 1897, p. 19. Paris, F. Alcan.

[2] Duprat: "La Morale. Fondements Psychologiques d'une Conduite Rationelle." Bibliothèque Internationale de Psychologie Expérimentale, Normale et Pathologique, 1901, p. 98.

[3] Schopenhauer, cited by Naville: "Le Libre Arbitre. Étude Philosophique." Bibliothèque de Philosophie Contemporaine, 1898, p. 216.

[4] Pierre Laffitte, cited by Naville: *Ibid.*, p. 247.

fundamental result of the development of science is that all phenomena are submitted to unchanging laws, from the phenomena of geometry to those of man and society."

Büchner[1] writes: "Man as a physical and intelligent being is the work of nature. It follows as a result that not only his whole being, but also his actions, his thought and feeling, are fatally under the sway of the laws which rule the universe."

Fouillée[2] quotes this passage of Jean Weber: "Moral law is the most insolent encroachment of the world of intelligence on spontaneity. . . . Duty is only the tyranny of worn-out ideas over the new." "True morality is that of the deed; the accomplished deed always carries with it whole-hearted admiration and love, for the universe which can judge it is at this very moment a result of deeds; thus we say *well done* to him who has triumphed. . . . The strongest reason is always the better. This proposition is meant to sound startling; but it is only naive."

We may find this rather a brutal expression of that doctrine which is a justification of all strokes of victory, all inquisitions, and all persecutions.

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[1] Büchner, cited by Naville: "Le Libre Arbitre," p. 198.

[2] Fouillée: "Le Mouvement Idéaliste et la Réaction contre la Science Positive." Bibliothèque de Philosophie Contemporaine, 1896, p. 267. Paris, F. Alcan.

But here (to end with) is the conclusion of a recent book by Albert Bayet[1] on *scientific morality*.

"On the ruins of ancient metaphysical or religious morality the author tries to construct on the most absolute determinism a *science* of customs (a study of deeds, and of moral deeds only), from which he deducts a moral *art;* that is, an applied science, or, better, the science of applied customs. He naturally during his statement runs across the idea of individual responsibility. Very carefully he considers this 'holy but old-fashioned' idea, which has 'its principles and foundations in classic morality.' It strikes him that the idea is 'crack-brained and that one need not be considered overbold if he prophesies that it will disappear.' 'From the moment,' he adds, 'that one admits in the social world the existence of laws in every point similar to those which govern the fall of a stone, it is just as childish to hold an individual, whoever he may be, responsible for his acts, as to blame the stunted tree and to praise the vigorous, healthy one. All endeavor that aims to lessen severity of such consequences is wholly antiscientific.'"

This, then, is the "single-block" theory entire and complete, and pushed to its final consequences;

[1] Albert Bayet: "La Morale Scientifique. Essai sur les Applications Morales des Sciences Sociologiques." Bibliothèque de Philosophie Contemporaine, 1905.

there can be no question of the semi-insane and semi-responsible, since there is not even any possibility of making a distinction between the insane and the sane and the responsible and the irresponsible.

Scientifically this "single-block" theory should be placed considerably above the "two-block" theory. It rests on actual facts which have been carefully noted. I believe it, however, erroneous in the deductions which form it and in the conclusions which it formulates.

The entire structure of this doctrine rests upon the development of this idea which I hold to be false and antiscientific: viz., the existence of a great many intermediate phases between two states or two phenomena proves the identity of these two states or these two phenomena; or, rather, any two terms of a series are identical when they may be bound together by a continuous series of other terms.

This is true of numbers. Between 9 and 300 there is only a difference of quantity; it is also true of size and of weights, and in a general way of terms which vary only in a single particular one from another; but the principle is none the less inapplicable to living beings or to phenomena of life. Between a lower being and a colony of the same lower beings the only difference is one of number

or degree; but between the ameba and man it is vain to enumerate terms of transition, for one will never establish their identity. One may add the ameba to himself and multiply him by any number whatsoever, and one will never make a man. Between the ameba and man there is not only a difference of *quantity*, but a difference of *quality*, which excludes all identification.

The same thing is true of the nervous phenomena of man. Between the simple reflex which makes the leg jerk when the knee-cap is percussed, and the highest psychic phenomenon of a Shakespeare, a Wagner, or a Victor Hugo, during the composition of a masterpiece, one could describe an infinite number of transition terms, which establish a sort of continuous series from one phenomenon to another. What does that prove? That both phenomena are nervous phenomena like those in a series by which we have just proved that the ameba and man are both living beings. But this by no means proves that these are identical phenomena or are identical animals, nor that they should not be studied apart and separately one from another.

This being settled, the whole "single-block" theory disappears completely from view.

Since the time of Claude Bernard it has been admitted (and was even admitted before him, but

with less scientific proof) that pathological phenomena are of the same kind as physiological phenomena; both are manifestations of the life and functioning of the same living beings. But that does not hinder the pathological or morbid phenomena from being different from the physiological or normal phenomena.

Fever is a very different symptom from an acceleration of the pulse caused by an emotion. Between 97.7° F. and 104° F., between 60 and 140 beats, there may be every grade of transition. It is even impossible to fix the absolute point at which one can say that a physiological condition ceases and passes over into a pathological condition. It is no less true that fever exists in many pathological phenomena, and that there is a pathological functioning of the organs which must not be confused with their physiological functioning, and that these two functionings ought to be described separately.

Paralysis is quite a different thing from the temporary weakness of a tired muscle. A dream is not an hallucination, and still less a delusion.

The border-lands of disease are sometimes very difficult to trace exactly by reason of our ignorance; we may modify our sketches of them in proportion as we learn better how to analyze the subject and make a more rapid diagnosis of its

condition. But these boundaries do nevertheless exist; there are sick people and there are well people. Some one of these perfectly healthy individuals has, under the influence of emotion, a slight constriction of the throat or the thorax; another may tremble for a moment; a third will stand still for a minute; or a fourth will scream out. But we can not conclude that these are miniature hysterical attacks: an attack of globus in the first, a convulsive attack in the second, a contracture in the third, and an attack of delirium in the fourth.

There may be a great many intermediary states in which the diagnostician will hesitate between a nervous temperament and a neurosis—that which one calls nervousness. But the existence of these difficult steps of transition must not make us forget the very distinct cases of hysteria such as we see every day.

With Colin[1] and the greater number of neurologists we must keep hysteria as a separate disease, in the sense we generally give to this word, and distinguish it absolutely from physiological conditions.

Still less can we strike from the nosological list all the neuroses, and, with Dubois, throw them into the vague and confused group of the psycho-

[1] Colin: "Traité de Pathologie Mentale de Gilbert Ballet," p. 818.

neuroses. This would suppress with one stroke of the pen all the clinical work of this last half-century, which, apart from all theoretical ideas, has from the clinical point of view admirably defined and separated hysteria and neurasthenia. As Maurice de Fleury has very pointedly said, "When our French neurologists had succeeded during the last few years in drawing the distinctive characteristics of neurasthenia and hysteria out of the old chaos of nervousness, Dubois plunged them back into it"; and he has thus upset the whole structure of the history of the neuroses without furnishing any new clinical arguments to support his point of view.

Therefore, in spite of a more or less continuous series one must continue to distinguish and to consider separately physiological and pathological phenomena, the healthy and the sick, and more especially those who are afflicted with diseases of the nervous system and those who are not so afflicted.

This is equally true of the functioning of our psychic brain: in some the functioning is normal; in others it is abnormal or morbid. We must not therefore mass all the sane people and all the insane together in a single "block."

Among the diseased we have already seen that we must distinguish between those who are com-

pletely so (the irrational or insane) and those who are diseased in a lesser degree or who are only passing through short transitory attacks (the semi-insane).

The line of demarcation may perhaps be indefinite between two contiguous groups, and differential diagnosis is sometimes difficult; there are some subjects in diagnosing whom we are tempted to perch on the fence which separates the two adjacent domains, or for whom we would like to throw a bridge across the moat which separates them. But the existence of the three groups is not altered on that account; in spite of a continuous series of gradations and intermediary numbers we must distinguish the sane, the semi-insane, and the insane.

The same line of reasoning may be adopted for responsibility.

By some strange abuse of words there has come to be a tendency to include under hypnotic suggestion: teaching, advice, preaching, and all the means that one psychism possesses of exercising influence over another psychism.[1]

Whatever Bernheim may say about it (and no one dares to take a different stand in these questions, for fear of creating a disturbance), true suggestion—the only one which leads to irresponsi-

[1] See "L'Hypnotisme et la Suggestion," pp. 457, 460, and 498.

bility and that for which the word ought to be reserved—true suggestion presupposes the complete setting aside of the superior center of control in the subject, and the subjection of his lower centers in passive obedience to the superior center of the hypnotizer. When one addresses himself to the subject's polygon alone, entirely separated from his O, one takes away from this subject all responsibility for his acts; but when one appeals to the superior centers of the subject, the responsibility for the act which he might commit under this influence is by no means taken away. Suggestion is a pathological phenomenon, or at least an extraphysiological one, and not everybody can be put into a hypnotic condition, that is to say into a state of suggestibility. Advice, persuasion, and education are the purely physiological means of action, to which each one is accessible in different degrees.

If we accept in medical science that worldly and unmedical meaning of the word suggestion,[1] which Bernheim defends, there would be a veritable confusion in the language. Then, as Pierre Janet says, we would find described under the same name a professor's lessons to his pupils and the hallucinations that might be called up in a hys-

[1] This is the sense in which one says that a costume or a play is "suggestive."

terical person. It would now no longer be possible to distinguish a mental disease which is nevertheless a sad reality, from a psychological condition.

The distinction is so real that even in a hypnotizable subject not everything is suggestive; at certain periods of his life one can give him advice or orders which are not suggestions.

One may try to persuade or insinuate or prove ideas to hearers or readers without previously separating or destroying their superior psychic centers. That is precisely what I am trying to do in writing this chapter, seeking to convince the O center of my readers, who preserve their freedom to criticize and their faculty of control, and by no means to impose my point of view upon their polygon centers after the fashion of the hypnotizer who makes his subject eat a raw potato by simply telling him that it is a delicious peach. Nor can one condemn under the same classification and in the same manner the socialist whose writings or teachings have led some unfortunate to commit a political crime, and the hypnotizer who has, in hypnosis, distinctly suggested to a sleeping subject that he should perform this same crime.

We must therefore take care not to give to the various motors and motives of our acts the value of a suggestion, in the medical sense (the only one which we hold) of this word.

Unless a man is really insane, he has always motives or moving forces for even his criminal acts. These do not hinder him from being responsible for them, if he has a sane mind and if he can judge of the character of his act.

It is therefore impossible, arguing from the standpoint of the science of hypnotism and suggestion (which Bernheim has contributed so largely in building up, before demolishing it altogether), to say that there are neither responsible nor irresponsible people; that there is only a single "block" of people who are all more or less irresponsible.

It is also equally antiscientific to maintain that the criminal is as little responsible "as the stunted tree."

I admit for a moment that man and a tree may be, one as well as the other, subject to determinism; this characteristic will bring them nearer together, but will not make them identical. The laws of such determinism differ for the tree and the man. For the tree, the earth, air, and moisture are the only elements of determination in its growth and its movements. In man there are psychic centers, whose individual activities must be taken into account, in order to classify and to judge of the moving forces and the motives that precede every act. This is a cold, scientifically established fact.

A human act is the result of judgment between

the various moving forces and motives. He is a responsible man who has healthy nervous centers and who is in a condition to judge sanely the comparative value of these various moving forces and motives. The tree having no psychic centers the question never comes up to ascertain whether or not it should be held responsible, or should be pronounced free from responsibility.

Therefore, even tho one might admit a similarity in the question of absolute determinism in the case of the man and the tree, yet they can not be compared when it comes to a question of responsibility.

In order to protect yourself from the tree which threatens to kill you by falling, it is enough to set up sufficiently strong props under its branches; but in order to protect yourself against a man who threatens to kill you you must grant him knowledge and furnish him with the moving forces and motives which will hinder him from committing the act.

The physician has to judge whether or not a man is capable of appreciating sanely the value of these various moving forces; he has nothing to do with the question of the tree.

In other words, even supposing that one should succeed some day in suppressing moral responsibility in the face of conscience, and in suppressing merit and demerit, virtue and vice, and entire

moral obligation, even under the absolute sway of "scientific morality," there would still remain the question[1] of social responsibility in connection with law and society, which responsibility would vary according to the psychism of each individual. Now, so far as this responsibility is concerned, as well as for the psychism, it is scientifically impossible to group all men into a single "block" whose various terms differ only by the degree of psychism and the degree of responsibility.

From this chapter, which has perhaps been too long, but which was nevertheless absolutely indispensable to establish the right to the existence of the very subject of the book, we may conclude that: 1. It is scientifically *impossible* to group all men in a single "block" of human beings of more or less rational and more or less responsible. 2. It is scientifically *impossible* to divide all men in two "blocks," including, on the one hand, the irresponsible and insane, and, on the other, the responsible and the sane. 3. The ground is now cleared of those doctrines in which there is no place for the semi-insane; it is therefore *possible* scientifically to establish the existence of the semi-insane. This medical proof of the existence of the demifous is what I shall attempt to show in the following chapter.

[1] See on this question the third paragraph of the fifth chapter.

CHAPTER III

Clinical Proof of the Existence of the Semi-insane —Medical Study

I. The Semi-insane according to Trélat.

1. Imbeciles and Feeble-minded.
2. Satyriasists and Nymphomaniacs.
3. Monomaniacs.
4. Erotomaniacs.
5. Jealous Patients.
6. Dipsomaniacs.
7. Spendthrift and Adventurous Characters.
8. The Conceited or Boastful.
9. Evil-doers.
10. Kleptomaniacs.
11. Suicides.
12. The Inert.
13. Patients with Lucid Mania.

II. The Semi-insane according to Present-day Clinical Neurology.

A. *Symptoms Observed in the Semi-insane.*

General Classification of Functions and Psychic Acts.

1. Illusions and Hallucinations.
2. Obsessions.
    1. Phobias. Morbid Fears.
    2. Ideative Obsessions, or Obsessions properly so-called.
3. Delusions.
4. Impulsions.
5. Aboulias and Paraboulias.
6. Troubles of General Sensibility.
    1. Autoscopic Phenomena.
    2. False Sensations of Disease. Hypochondria.

3. Discontent and Exaggerated Contentment (Euphoria of the Physical Ego).
4. Disturbances of some Particular Cenesthetic Sensations.

7. Disturbance of Personality and of the Idea of the Ego.
   1. Diminution and Exaggeration of the Idea of the Ego. Egoism and Morbid Timidity.
   2. Optimism. Ideas of Grandeur.
   3. Ideas of Denial or Partial or Total Change of the Ego.
   4. Ideas of Persecution and Defense.
   5. Disturbances of the Idea of Personality.
8. Disturbances of the Social Psychism.
   1. Disturbances of Social and Moral Ideas.
   2. Disturbance of Religious Ideas.
   3. Gregarious Disturbances.
9. Disturbances of Sexual and Family Psychism.
   1. Disturbance of Psychic Acts Relative to Sexual Life.
      a. Hypo Disturbances. Hypophilism, Anaphrodisia, Sexual Horror.
      b. Para Disturbances.
         α Sexual Hyperesthesia. Precocity and Morbid Permance of the Sexual Instincts. Erotic Ideas.
         β Sexual Perversions. Paraphilism.
         γ Sexual Inversion.
   2. Disturbances of Psychic Acts Relative to Family Life.

B. *Diseases in which Semi-insanity may be Observed.*

Systematic Classification of Psychopathies.

1. Mania. Systematized Postmaniacal Delusions.
2. Melancholia.
   1. Systematized Postmelancholic Delusions.
   2. Questioning Melancholia.
3. Mental Confusion.
4. Progressive Systematized Psychoses.
5. Disequilibration. Superior Degenerates.
   1. The Unbalanced.
   2. Originals and Eccentrics.
6. Degeneracies, properly so-called. Lesser Degenerates.
   1. Simple Degeneracy.
   2. Psychoses of Degenerates.
      a. Reasoning Systematized Delusions, or the Persecuted-Persecutors.

IN a book such as the present, this chapter would not necessarily need to take the same predominant place that it would have to take if I were writing exclusively for physicians; but it nevertheless holds the chief place of importance because it is the pivot and the condition of all the others.

The existence or the non-existence of the semi-insane is a medical question. Clinical experience alone can solve it. It is the clinical proof of this existence that I am going to gather here from the classics. I shall divide this exposition into two parts: 1. The semi-insane according to Trélat. 2. The semi-insane according to clinical medicine of the present day.

I. THE SEMI-INSANE ACCORDING TO TRÉLAT

The medical study of the semi-insane made its first real appearance in 1861, with the excellent

work of Trélat[1] on reasoning mania, in which we find the most helpful clinical descriptions of these patients.

"This work," says Trélat, "is entirely devoted to the examination and the study of the semi-insane. . . . These patients are insane, but they do not appear so because they can express themselves lucidly. They are insane in their actions rather than in their words. Their powers of attention are sufficient to allow nothing of what passes around them to escape them; to let nothing that they hear go unanswered, often to succeed perfectly in the accomplishment of a project. They are lucid even in their delusional ideas. Their madness is lucid. . . . The object of this work includes the pointing out and recognizing as diseased more than one mind which has hitherto been regarded as sane."

Pinel had already spoken of these patients, who, while showing signs of mental derangement, "make replies which are perfectly correct and exact, and read and write as if their comprehension were perfectly normal."

A patient of Esquirol's "speaks at the first meeting against her husband, accuses him of a thousand faults which he does not possess. She

[1] Trélat: "La Folie Lucide Étudiée et Considérée au Point de Vue de la Famille et de la Société," 1861.

is inconsiderate in her conversation and reveals secrets which a woman generally keeps hidden; imprudent in her behavior, she exposes herself to natural suspicions. If her husband or her relatives want her to be careful of appearances, she is angry and pretends that she is a victim of calumny. She tells this person and that a thousand fabrications, trying to spread discontent, misunderstanding, and disorder. It seems as if a demon of evil prompted her words and her actions. If she is out in society, she behaves herself with so much care that those who have been the most forewarned change their minds about her. She takes part in conversation, says pleasant things and little flatteries to the very people of whom she had spoken evil the night before or on that very morning."

It is such patients as these, says Guislain, "who are able to disarm the most solid logicians. Their conversation at times is as witty as any that you could find. I recall a lady who was a perfect nuisance to me, as well as to everybody else in the establishment. Every time that she took part in the conversation I had to struggle against her vivacious assaults. All my replies were submitted to an analytical test and with such profundity of insight that everybody was astonished."

Trélat concludes this general review by saying

that the semi-insane "are the insane concerning whom there is the most debate by people in general. . . . No one can say just how far these lucid insane people can keep control over themselves. Certain among them can hold themselves in and let no one know of their 'delusional ideas' for several months, perhaps six months, perhaps a year, until one day when, despairing of overcoming the resistance which restrains them, their secret escapes them all at once, in a moment of pride or of anger."

Entering then into the details of clinical description, Trélat adopts a classification that has no scientific[1] pretensions, but is rather a clinical nomenclature.

I will say a word concerning each one of his types.

1. Imbeciles and Feeble-minded

"Among the imbeciles there are some who have a very good memory and sufficient relative aptitude to learn and to know a good many things . . . without being able, for all that, to look out for themselves. There are some who know how to read and write; there are some who can write

[1] "The important thing is to make them known (the lucid insane), and that is what we are aiming at, rather than at a rigid classification." (Trélat, *loc. cit.*, p. 291.)

music or who speak two languages. . . . Many imbeciles know only how to follow copy in writing, but nevertheless can write a very proper note of invitation with all the formalities and polite expressions of social usage. They can do well whatever they are accustomed to do. We have seen a young girl able to take care of all the rentals of a fairly large house. A certain number of young people of both sexes, who are perfectly correct in their deportment and decidedly elegant in their clothing, so that they would adorn a ballroom and would dance well, may nevertheless be so lacking in intelligence as not to be held responsible for their actions. . . ."

2. Satyriasists and Nymphomaniacs

". . . There are some young girls who are completely void of modesty. . . . A child, fifteen years old, properly brought up by her relatives during the years that her father, a widower, was attending to his manufacturing business, used to call out of the window to the soldiers whom she saw passing by. . . . Another, . . . twelve years of age, used to go out in the evening under the pretext of going to the house of some friends of her family and would stand on the sidewalk and stop and accost the passers-by. She would take them to the house of another young girl whose

acquaintance she had made. Her relatives learned of her conduct only through the police, with whom she had no standing and who made trouble for her. . . ."

The sixteenth observation of Trélat's deals with a man whose story seems to have been used by Michel Corday. He was an obscene, irrationally violent, and dangerous man who forced his wife, an admirably courageous and discreet woman, to undergo every sort of physical and moral torture. All the while this same man administered his affairs regularly, collected his rents promptly, and showed himself economical in his expenses. . . . The people in the country around him did not consider him insane. They looked upon him only as an *original character*, and that was the term which they applied to him."

3. Monomaniacs

Esquirol, who was the first to study the monomaniacs, has already used the term "partial delusional insanity," which is preferred at the present time. "Patients afflicted with this form of madness," he says, "have really only partial insanity."

A patient of Trélat's "replied most accurately to questions which were put to her, told a story with precision, gave proof of discernment and sagacity,

and conversed agreeably. She often showed kindness. If she was present at an accident or where any one was suffering, she tried to bring aid with all haste. Yet nevertheless all her activity was devoted to the furtherance of her delusional ideas. She tormented herself and incessantly attacked those around her," chiefly her husband and then her physician.

Another patient wrote a series of perfectly correct letters, certain of which were "very remarkable," indicating "as much vigor and as much clearness in the thought as depth of sentiment," sometimes a true "nobility of language" and great "independence." Nothing "seemed to indicate in the slightest degree that her intelligence was affected. Sometimes during most prolonged conversations the most careful tests betrayed no sign of her diseased condition." Then, one fine day, the monomaniac idea appeared. She had written at the end of a letter which was a model of correctness: "I am . . . we are rich." Then she wrote to the Prefect of the Police, to the Prefect of the Seine, to the Archbishop, . . . to the Minister of the Interior, to the Minister of Finances, and to the Emperor. Her clear and accurate mind was given up to monomania for invention. She had a process to abolish the fraud of which the Treasury was the victim. The careful examina-

tion which she had made of the sand brought to the Salpêtrière, the petrifactions and numerous bits of charcoal which she found in it, proved to her that there existed in Paris a petrifying spring, and somewhere in the suburbs a coal-mine whose bed should be found considerably lower. (Letters to the Prefect of the Seine and to the Minister of the Interior.)

At the same time she wrote to the Archbishop, to the Minister of the Interior, and to the Emperor, setting forth a new universal system. She had found the explanation of Denderah and the Mariner's Compass and the greater part of all natural phenomena.

To the same group also belong the monomaniac inventors who are not irrational, but who always ruin themselves.

A man had ruined his family by his experiments and inventions. He had found the way to make a wheel turn perpetually without motor-power. He was taken to the Observatory, where Arago and Humboldt politely discust his ideas and concluded: "There is no movement, sir, without motor-power. . . . I assure you that you are mistaken." The patient burst into tears. Thirty feet from the Observatory he stamped on the ground and exclaimed: "All the same, Monsieur Arago is mistaken. I have no need of his motor-

power. My wheel will turn all by itself for me. It would turn in stagnant water."

A very skilful worker, an optician, was earning eight to ten francs per day and was able to keep his family in comfort by his work. But he got the idea one day of making a "sublime invention; . . . he would unify in one process the entire work of photography. . . . His process was so simple, so satisfactory, and so superior to all others. . . . While waiting for it to materialize, his entire family was plunged into discomfort and even into misery. All his furniture and all his possessions had been sold or pawned."

4. Erotomaniacs

Differing altogether from the satyrs and nymphomaniacs,[1] "the erotomaniacs are lovers who are tormented by what is usually a single passion; we say *usually*, because we have seen one of these monomaniacs who loved two sisters with equal love at the same time. He loved both of them too much to think of marrying either of them; but it was impossible for him to bear the thought that either one of the two should belong to another man." He committed suicide on learning of the ap-

[1] The mystics are apt to be erotomaniacs rather than nymphomaniacs. See Georges Dumas: "Comment aiment les Mystiques Chrétiens," Revue des Deux Mondes, September 15, 1906.

proaching marriage of one of the two, and no one had discovered his semi-insanity until that time.

"Like all monomaniacs," says Esquirol, "the erotomaniacs are eternally pursued by the same ideas, and by the same affections which become much more disordered when they are concentrated or exasperated by contradictions. Fear, hope, jealousy, joy seem to unite all at the same time, or turn about to make the torment of these unfortunate creatures more cruel. They neglect and leave and even flee from their relatives and friends; they despise fortune, have a contempt for social appearances, and are capable of the most extraordinary, the most difficult, the most reprehensible, and the most peculiar actions."

Altho differing from one another, erotomania on the one hand, and satyriasis and nymphomania on the other, may be mingled or may succeed one another in the same patient. (Observation XXXIII. of Trélat.)

5. Jealous Patients

This kind of semi-insane man "becomes incapable of continuing his work, and perpetually wearies his family by his complaints and reproaches and expressions of despair. There is no more rest for him or for any one around him; no more domestic regulations; no hours for meals

or for sleep. If he is a man he abuses his authority in order to make everybody suffer. He torments, he threatens, he commits outrage, he persecutes, he strikes, he slays, he wounds, sometimes he kills. If it is a woman, she weeps, she cries, she gives way to violence, to lassitude and disgust. . . . Men or women, they neither enjoy nor let any one else enjoy any tranquillity. They take everything in the wrong way; twist all facts, accuse people of wrong intentions, compromise the absent, and end up, by virtue of their quarreling, by becoming odious."

There are even some "mothers who are jealous of their daughters and capable of letting themselves be carried away by their passion to the most terrible extremities."

6. Dipsomaniacs

Very different from drunkards, "who become intoxicated whenever they happen to take a drink," "the dipsomaniacs are people suffering from a disease which makes them drink whenever one of their attacks comes on."

"An officer of the Hussars was a brilliant officer in the morning and all day long he would be brave in battle, able and amiable in conversation, and in every way charming all through the first part of a dinner, . . . but he could never remember the end

of the meal. His attendant would carry him out every evening and put him to bed dead drunk. The advice of his friends and the authority of his chief were of no avail. His service was beyond reproach, but all his evenings seemed to be irrevocably devoted to the most unrestrained intemperance." A young man had been accepted as a fiancé in a very good family. He was witty, brilliant, and charming to every one. Nevertheless, at the same time he had "already sunk so low as to enter wine-shops and saloons and drink at the proprietor's expense."

7. Spendthrift and Adventurous Characters

"A Belgian, having only 30,000 francs, which he could have made to bear good interest by work, set up a four-in-hand and drove it until he did not have a penny left."

Adventurous and spendthrift characters are also demoralizing. Their presence is often accompanied by evil consequences to those around them, not only from the money point of view, but still more from their effect on good habits and uprightness.

8. The Conceited or Boastful

Nothing will stop these patients. "Nothing makes them afraid, nothing has any effect upon

them. . . . They listen to nothing and they feel nothing; they have no respect either for strength or weakness, for old age or infancy. . . . As heads of a family they are far from feeling the responsibility of their position, and they compromise the interests of everybody else without consulting any one. They ruin their wives and children, and pretend, after the proof which has condemned them, to keep up the same authority and the same power. They have a will of iron; nobody around them can have sufficient firmness to resist them."

One man had "lordly ideas which showed themselves in all the details of his daily life. He always ordered from his tailor ten pairs of winter trousers, twenty pairs of summer trousers, and as many vests at the same time. He had thirty pairs of spectacles, and, through some singular whim, when he went to bed he would put those that he had on his nose under his bed where most people would put their slippers. . . . He believed himself to be occupying the highest position by helping authors to publish their books, and establishing journals and forming commercial societies. Therefore, he was continually in demand by people who were in need of money."

Mlle. R—— was a "monomaniac simply puffed up with pride, taking the name of *Golden Star*

and connecting with it the idea that it had a supernatural influence upon her destiny."

In another proud, conceited patient, her language was, however, never coarse and never low; it was nearly always correct, often spiteful, and sometimes very clever. She knew all of the witty sayings of Molière concerning physicians, and even those of Beaumarchais; but she used to add her own witticisms to them, and was not always much below her models.

"These patients care for nobody; they are incapable of gratitude, of devotion, or real regret. They have only one thought and one motive—their own personality and pride. They like to have other people suffer for them, deprive themselves for them, and sacrifice at any cost their sleep, their appetite, their work, their affections, and even their life."

9. Evil-doers

I will simply indicate here this group, which will be better placed in the fifth chapter (the harmful semi-insane; the misdemeanors of the semi-insane). I will only give an instance of a certain patient who, between her attacks, was lucid enough to go to M. de Villèle, the Minister of Finance, and unfold to him the plan of a financial journal and work him up to such a point of enthusiasm "that

the Minister promised her everything that she wanted, talked all evening of the communication which he had received, and consented to give it up only when they proved to him that it was nothing but a crazy woman's project."

10. Kleptomaniacs

These are sick people "who are driven in spite of themselves to take what does not belong to them," just as we have seen that the dipsomaniacs are driven by an irresistible power to drink.

Imbeciles "show great skill and employ many clever ruses in their thefts—either to bring them about, or to turn suspicion from themselves and cast it upon others."

"An Irishman of noble family, who had been very rich and who was still comfortably off, for a long time was accustomed every day to take *éditions de luxe* from the library to sell them. . . . He had succeeded in taking as many as fifteen volumes in a day. . . . He had been able to inspire the greatest confidence in the booksellers whose shops he frequented."

A young Kalmuck observed by Bergmann "had fallen into a state of deep melancholy because his confessor had forbidden him to steal. As he was very miserable, they granted him a certain indulgence, but on condition that he should return the

stolen objects. He stole the watch of his confessor during mass and gave it back to him after the ceremony. . . . In the town of Geseke," continued Dr. Bergmann, "there was an epileptic who was like a magpie, stealing everything that he could lay his hands on, and hiding what he had stolen."

11. Suicides

Esquirol relates a story by Rush (the first American alienist), of twin brothers, C. L. and J. L., who lived two miles from each other. Captain J. L., returning from the legislature in Vermont, blew his brains out with a pistol; he had been sad and morose for several days before. About the same time Captain C. L. became melancholy and spoke of suicide. A few days after, he got up early in the morning and proposed to his wife to go horseback-riding. He shaved himself; and then went into the next room and cut his throat.

Of the seven sons of M. G——, no one of them had had any reversals of fortune; on the contrary, some of them had added to their patrimony; all enjoyed apparent good health and honorable existence and much esteem. The seven brothers all committed suicide during a period of thirty or forty years.

Trélat concludes this chapter, which contains

many facts like these, with the words: "The suicides, both men and women, whose history we have sketched, were perfectly lucid."

12. The Inert

This paragraph in Trélat's work is of slight importance. We find these patients much better studied in modern times.

13. Patients with Lucid Mania

"These are patients who, altho they have very characteristic attacks of maniacal excitement, nevertheless can keep themselves sufficiently in control, so that up to a certain point they can ward off their attacks. The condition of the greater majority of these is for a long time unknown to the world at large. They are always lucid even in their attacks, and the attacks take place, as a rule, only in the family circle. Those who see them at home or elsewhere would take them to be reasonable people even for years. These patients can go out every day, make and receive innumerable visits, travel, give and take courtesies, win success, form intimate but not permanent friendships or connections. . . . Their maniacal outbursts have some analogy to attacks of rage and often appear, as do these attacks, to have an accidental cause."

Trélat says finally in his general *conclusions:* "These patients with lucid mania, our semi-insane, have, on superficial examination, every appearance of reason; they can acquire more or less authority over people whom they only see occasionally; they can create partizanship and stir up and encourage discord and division in their relations to people and even in their own family.

"Whatever may be their infinite variety and their dissimilar characteristics, they are united under two common traits, two pathognomonic signs, which are hardly ever lacking in such insane people: 1. One can never find any signs of gratitude among them. . . . 2. They will not listen to any representations, nor follow any advice, nor in any way modify their determination."

I have not hesitated to dwell at some length on the analysis of Trélat's book, because it seems to me to establish in a very definite way the clinical basis of the scientific description of the semi-insane.

Contemporary writers have completed and extended this analysis. They have modified the general conception around which the facts are gathered; but the facts themselves so accurately observed by Trélat remain of indisputable documentary value.

II. THE SEMI-INSANE ACCORDING TO PRESENT-DAY CLINICAL NEUROLOGY[1]

The clinical study of semi-insanity may be divided into three distinct groups of facts:

1. There are symptoms of semi-insanity in certain insane people shut up in asylums. One often observes partial delusional states. So far as the rest of their psychic activity is concerned, these patients are only semi-insane. Everybody knows insane people with whom one may talk for a long time without noticing anything out of the way, other than a certain queerness or slight degree of eccentricity, up to a time when they are led to say that they are emperors of the wilderness or martyrs living in huts.[2]

2. The insane who are cured for a time and who leave the asylums are always threatened with the dread of a relapse of their disease and are very

[1] See especially, for this whole paragraph, Régis: "Précis de Psychiatrie," Nouvelle Bibliothèque de l'Étudiant en Médecine, 3d edit., 1906; and Gilbert Ballet: "Traité de Pathologie Mentale," 1903. All the quotations of this chapter that are not otherwise indicated belong to the work of Régis.

[2] From various sources there have been recently published some curious documents on "Le Musée de la Folie" (Marie) and on "Les Écrits et les Dessins des Maladies Nerveuses et Mentales" (Rogues de Fursac). It appears in these works that the artistic productions of the insane are, for the most part, of such a nature and such quality as to astonish the visitor. One sees in our yearly exhibitions, says Marie, works which are much more odd and eccentric.

often semi-insane during these interpolated periods of comparative health.

3. The most important of the three groups is undoubtedly that of the semi-insane who are never wholly insane; who have never had even for a short time true attacks of madness, or real periods of irresponsibility; who remain semi-insane, or nearly so, all their lives.

Moreover, like the group of the insane themselves, the group of the semi-insane is formed of a great number of different and sometimes somewhat incongruous elements.

In order to present this study in detail, I shall first analyze the *symptoms* observed in the semi-insane; I will then review the *diseases* in which semi-insanity appears.

A. Symptoms Observed in the Semi-insane

These symptoms are naturally the same as those seen in the insane. They can be distinguished in the semi-insane only by their greater limitations and a lesser degree of depth, intensity, duration, and sometimes a lesser tenacity.

To describe them, therefore, I shall recall first of all the classification which I have arranged[1] for

[1] Plan of a clinical physiopathology of the psychic centers, Montpellier Médical, t. xix., 1904, and "Le Psychisme Inférieur," 1906, p. 160.

the study of psychic phenomena and which can be summed up in the following table:

CLASSIFICATION OF FUNCTIONS AND PSYCHIC ACTS IN GENERAL

- **Psychic functions.**
  - **General.**
    - A. Psychic acts of reception and representation.
      1. Sensation and emotion.
      2. Perception and formation of ideas.
    - B. Acts of reflection and intellectual elaboration.
      1. Attention.
      2. Memory.
      3. Association of ideas and images.
      4. Imagination.
      5. Comparison. Judgment. Reasoning.
    - C. Acts of volition and expression.
      1. Will. Decision.
      2. Externalization of decision. Passage to motor action.
  - **Particular.**
    - Acts relative to the preservation and development of life.
      - Individual.
        1. Perceptions.
        2. Ideas.
        3. Volitions.
      - Social.
        1. Psychic social acts; of man in society.
        2. Psychic collective acts; of societies of men.
      - Of the species.
        1. Psychic acts relative to sexual life.
        2. Psychic acts relative to family life.

In the pathological disturbances corresponding to each of these groups I shall take up in order: 1. Illusions and Hallucinations; 2. Obsessions; 3. Delusions; 4. Impulsions; 5. Aboulias and Paraboulias; 6. Disturbances of General Sensibility; 7. Disturbances of the Idea of the Ego and of Personality; 8. Disturbances of the Social Psychism; and 9. Disturbances of the Sexual and Family Psychism.

The study of these symptoms in the semi-insane will certainly not exhaust the subject, but will, I trust, give a sufficiently clear idea of it.

1. Illusions and Hallucinations

An *illusion* may be defined as an inaccurate perception that is believed to be accurate by the subject; this latter condition is necessary in order that the phenomenon shall be really pathological. The illusion of a stick that looks bent in the water would be pathological only if one believed in the reality of the bend.

Hallucinations are most often placed among disturbances of perception (Seglas, for example). Certainly there is a phenomenon of perception in a hallucination; there is a perception of a sensation without a real external object. But there is also a phenomenon of imagination which is the cause and the starting-point of the perception; and this is the initial phenomenon. The characteristic element of a hallucination is the appearance to conscious perception of an image of whose origin the O is ignorant, which is unconsciously formed in the polygon and which has been formed with such vivid objectivity that the O believes in the real external existence of this object of its inner perception. But at the same time this implies a very weak order of intelligence in perceiving.

There is therefore always an element of *false judgment* in a hallucination.

It is, however, not necessary to identify hallucinations and false judgments; there is between these two psychic disturbances the same difference as between perception and judgment.

Illusions and hallucinations are noticed in the semi-insane to have a characteristic limitation or slight duration which permits the relative integrity of a large part of the superior psychism. Like the insane, the semi-insane may have false visual or auditory sensations; both believe them to be true; but, in spite of that, the semi-insane man not lacking in reason in any other part of his psychic domain, his error is partial, or, rather, it is short in duration and has not time to distort the entire O center of the subject.

An illusion is, moreover, less serious than an hallucination and may consequently be more easily observed in semi-insanity. Many of these neurotic persons hear a musical air in the hoof-beats of a horse or interpret the ordinary buzzing sounds often heard in the ears as systematized and significant noises; others have what Régis calls *cinematographic* hallucinations; hallucinations of sight which appear at night with rapidly changing movements; many smell false odors which are sometimes "agreeable but nearly always distressing—

arsenic, copper, sulfur, ammonia, rotten eggs, burning, smoke, of corpses, etc."; others have false sensations in the skin which they refer, as the case may be, to manual contact, to electrizations, to spiders, or lice, or worms.

2. Obsessions[1]

In obsessions there is above all, at first sight, an intellectual and emotional disturbance. Writers, as a rule, only discuss the question as to which is the principal and the more important of these two elements.

There is, in fact, in obsessions, first *a fixt idea*, which may be spontaneous or provoked, and often delusional, and, according to Westphal, an 'obsession is chiefly an intellectual disturbance of which the ideative element is the principal symptom."

There is then an *emotion;* according to Morel and Régis, an obsession is "a pathological condition which is in the main emotional."

I hold that a fixt idea and an emotion are not enough to form an obsession. It is necessary that

[1] See, again, Pitres et Régis: "Les Obsessions et les Impulsions," Bibliothèque Internationale de Psychologie Expérimentale, Normale et Pathologique, 1902. See also in Province Médicale (1906, p. 206), the work of G. Maurice (Clinical Remarks on Anxiety, Phobia, and Obsessions), a work in which the author is willing to use my classification as a guide to analyze the pathogeny of obsession and especially the obsession of an automatically recurring rhythm (obsessions of habit).

these two elements should act upon the will or at least should affect the deliberation and judgment of the motives which precede the decision. What really characterizes an obsession is the disturbance of the function of the hierarchization of motives; the fixt idea exerts a sway over the will of the subject that is unjust, unwarranted, uncoercible, irresistible, out of all proportion, and crazy. It is then, and only then, that it constitutes an obsession. This is what has made me classify obsessions among the disturbances of the will.

This is the opinion formulated by Arnaud.[1] "An obsession," says he, "is first and foremost a disease of the will."[2]

Besides everybody now agrees, as a result of clinical analysis, that there is as a basis of an obsession and as an indispensable, fundamental element of it, a special condition, independent of the fixt idea and the emotion, and anterior to both of these. Referring it to its cause, Magnan calls it a ground work of disequilibration and degeneracy; others call it a rudimentary paranoia. Pitres and Régis declare that everybody admits a constitutionally prepared predisposition, which is called by differ-

[1] See, for the clinical characteristics of obsessions, Arnaud: "Traité cité de Ballet," p. 680 and following.

[2] Régis also says (p. 96): "There is no doubt that an obsession is a disturbance not only of the emotions, but also of the *will*, and Arnaud is right in insisting on this point."

ent names. It is this previous and unquestionable element which I define a little more psychologically by giving it the name of weakness of will, and more especially as a disturbance of the function of the hierarchization of motives.

I shall follow Régis, and divide obsessions into two groups, according to whether "the anxiety which is at the bottom of it shows itself more particularly as a *fear* or as an *idea*. The first type is a phobic obsession or *phobia*. The second obsession is *ideative*, or obsession properly so-called."

1. *Phobias. Morbid Fears*

A phobia is not a *fear;* it is a *morbid* fear.

Fear,[1] which must not be confused either with the impression which causes it, nor with the acts which express it, nor even with the physiological phenomena which accompany it—and which have lately been very cleverly studied[2]—fear is a normal psychic and physiological element. It is necessary for the preservation and defense of life. It is the manifestation of our instinctive repulsion for what is hurtful. It is a psychic phenomenon which

[1] See my article on "La Peur, Élément Psychique Normal de Défense," Journal de Psychologie Normale et Pathologique, 1904, p. 265, apropos of a lecture of Dr. Menard's on diseases of fear and phobism.

[2] See principally Mosso: "La Peur: Étude Psychologique," Bibliothèque de Philosophie Contemporaine, trans. Félix Hément. Paris, F. Alcan.

brings to our knowledge the presence of a dangerous or harmful object, and which gives birth to the necessary acts of avoiding or combating this hurtful element. It is a normal psychic element of defense.

Fear, even exaggerated, remains physiological and forms only an element of temperament and not a disease, so much so that, however intense it may be, it remains logical and proportionate to the impressions which caused it, and does not bring about abnormal or really morbid reactions (anguish[1]).

There are two kinds of morbid disturbances in fear: *hypophobism* (lack of fear[2]) and *hyper-* or rather *paraphobism* (phobias).

I do not insist upon the hypophobic semi-insane. These are adventurers, audacious, blustering, and bold. The hypophobic symptom is very clear in the euphoria, optimism, self-satisfaction, and self-confidence of such people.

The phobias play a much more important rôle in the history of semi-insanity.

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[1] It is well to distinguish with Brissaud between the physical phenomenon of anguish and the psychic phenomenon of anxiety, the two elements not being necessarily and always one and the same.

[2] Too often fear is considered only as a pathological phenomenon, or at least it is studied only pathologically and in its morbid forms; with such a restricted idea it is impossible to understand hypophobic disturbances.

In these cases the subject is afraid of mishaps. The order of the phobias is in no way the logical order of impressions dangerous to the organism. Even when the nervous patient is afraid of everything, the emotion is not in proportion to the terrifying nature of the object.

And further—and this is the chief characteristic—fear, in such cases, is *paralyzing* and *agonizing*. Instead of being the starting-point of wise measures of defense, the unconscious reactions to this fear are inhibitive and frantic. This fear makes the subject perspire, presses on his chest, makes his limbs shake or give way, or if it makes him fly from danger he will fly foolishly and in the wrong direction. It is in this respect that such fear is distinctly diseased.

In all cases the important fact to establish, to study, and to treat in these patients is not the particular phobia of one thing or another, of a public place, or an enclosed space, of a great height, or of a railway train (the list grows longer every day, altho the blackleg has not entirely disappeared from the classical lore of physicians), the important thing is the psychic condition which makes the fear false, and converts a physiological emotion into a morbid emotion; it is not the phobia, it is the phobism which gives birth to it.

Régis distinguishes *diffuse* phobia from *systematized* phobia.

In the first type (*panophobia*) there is, says Ribot, "a condition where one is afraid of everything and yet of nothing; where the anxiety instead of being fastened on one object, which is always the same, floats as in a dream and is only fixt for a moment by chance of circumstances, passing from one object to another." Régis describes the typical history of a patient in whom "each event, each incident, each act of her life, thus became a matter over which to pour out her anxiety, which would be momentarily specialized by whatever happened to occur." This is the symptom of anxious psychism, whether it deals with the past (regrets, remorse, scruples) or whether with the future (indecision, apprehension).

As to systematized phobias, Régis divides them into:

1. Phobias of *objects* (knives, pins, firearms, matches, dust, dirt, excrements, poison, brass, iron, velvet, oil, fruits).[1]

2. Phobias of *place* (large spaces, narrow and enclosed spaces, summits, precipices, houses, thea-

[1] It seems to me useless to reproduce here the innumerable Greek words which have been manufactured, such as *belenophobia* for pins, *rupophobia* for dirt, *aichmophobia* for pointed objects. *cremnophobia* for precipices, *amaxophobia* for carriages, and *siderodromophobia* for railways.

ter, churches, cemeteries, carriages, railways); of *elements* (air, wind, water, rivers, sea, fire, earth, storms, tempests, thunder, lightnings, mountains, slopes, empty places, night, darkness); of *functions* (sleep, respiration, swallowing, blushing, perspiring, defecation, micturition, standing up, walking, speech, writing, and signatures); of *diseases* (grotesque formation, syphilis, spermatorrhea, epidemics, cancer, tuberculosis, rabies, microbes, angina pectoris, cardiopathies, nervous troubles, psychoses), and of *death*.

3. Phobias of *living beings* (animals, dogs, cats, insects, spiders, snakes, rats, mice, men, women, crowds).

2. *Ideative Obsessions, or Obsessions properly so-called*

Here "anxiety shows itself chiefly by an idea and not by a fear." Besides, "by a perfectly natural propensity, the monophobia tends little by little toward monoideism"; from that, a great many "intermediate cases where there is a transition between the phobia and the obsession."

"The idea of the obsession is a conscious idea, but involuntary or parasitic, automatic, discordant to the regular line of thought, and at last irresistible. . . . The obsessive ideas are not as a rule foolish or impossible ideas; generally they *seem*

very real and have nothing morbid about them except their exaggeration, their domination, or their persistence."

Régis classes the principal obsessions thus: 1. The obsessions of doubt, properly so-called; 2. obsessions of scruple; 3. obsessions of a word, of a number, or of language; 4. obsessions of sentiment and affection; 5. nosophobic obsessions.

The obsessed perform acts which Régis and Ballet have carefully studied under the name of *defensive measures of the obsessed*, and which either anticipate attacks of obsession or seek to control these attacks when they break out, or to diminish or to hide the emotional effects.

Thus, " those who are obsessed by doubt will pay for a thing twice when they can not assure themselves that they are not in debt. Many who have the obsession of contamination wear gloves all the time and change them every day. They are continually concerned about their garments and their underclothing, at night watching with the greatest care the garments that they had folded exactly on the back of a chair, which was fastidiously clean; they are perpetually washing their hands. . . . We may cite in conclusion the more or less frequent *repetitions* of actions by the obsessed who often do things over and over again until they are certain that they are perfectly performed according to

their liking, or that they may fit into a favorable or propitious moment and not to an unlucky one."

3. Delusions

It is difficult as well as useless to try to define delusions; everybody understands the meaning of this word.

I have already spoken of an obsessive idea and of a fixt idea, which is often a *delusional idea*. Minor degrees of delusion may be termed *delusional interpretations*. The greater degree is *spontaneous delusion*.

A number of classifications of delusional ideas have been suggested.

Seglas proposed the nine following groups: 1. Ideas of humility and culpability (autoaccusation) and ideas of ruin; 2. ideas of persecution; 3. ideas of defense, which are in relation to the preceding; 4. ideas of grandeur; 5. hypochondriacal ideas; 6. ideas of negation; 7. heinous ideas (which Cotard places rather with sorrowful delusions and hypochondriacal ideas); 8. religious ideas; 9. erotic ideas.

Rogues de Fursac unites Nos. 1, 5, and 6 under the general title of melancholic ideas; to these No. 7 might be added.

Régis adopts the six following groups: 1. Ideas of satisfaction, grandeur, richness, and invention;

2. ideas of humility, despair, incapacity, ruin, indignity, and autointoxication; 3. hypochondriacal ideas of negation and of bodily deformity and heinous crime; 4. ideas of persecution, jealousy, and defense; 5. religious or mystic ideas; 6. erotic ideas.

These various forms of delusional ideas may be met with in the semi-insane, with the constant characteristic of their not being very profound, or, chiefly, of being *limited*.

And here arises the question, which is all-important to our subject, that of *partial delusion*.

Partial or systematized delusions (paranoia, Verrücktheit) show themselves *primarily* by a deviation of the intellectual functions, but by such a deviation as would in itself imply no real weakening of the intelligence and which leaves untouched, at least to all appearances, the logical reasoning and faculties. The delusion presents itself as a system limited to a series of peculiar ideas; the intellectual operations and intelligence taken as a whole appearing normal. It is in this respect that partial delusions differ from generalized delusions (mania and melancholy), which latter from the beginning attract attention by the general perturbation of all the mental functions.

This actual conception of partial delusion differs from the old one (in Esquirol's time) in this respect:

that, in contemporary science, "the characteristic of partial disturbance is only relative. It should be understood as an extension of delusional ideas and not as an extension of an intellectual lesion; the delusion manifests itself only in connection with a certain series of ideas, nevertheless the mind taken as a whole is unbalanced, it is incapable of exact appreciation and of correcting the false elements which have taken possession of it."[1]

In spite of all, one understands that this form of delusion is met with in the semi-insane, at least in certain cases and in the first periods of their disease.

I will now conclude with a word on the delusions of *dreams* or the *dream delirium* of Régis which is a form frequently observed in semi-insanity.

This delusion "is born and evolved during sleep; it is formed by the fortuitous association of ideas by the recalling of hallucinatory images and of previous memories, by scenes of family or professional life, by visions which are often distressing, by strange impossible combinations of events which are principally moving and changing, or on the contrary given a peculiar fixedness, which obtrude themselves more or less completely on

[1] Arnaud: "Traité cité de Gilbert Ballet," p. 488.

one's convictions. In its least marked form this delusion is wholly nocturnal and temporary; it ceases upon waking and does not reappear until evening, either toward dusk, or not until later, with drowsiness. In a more marked degree, it ceases upon waking, but not completely, and is reproduced during the day when the patient closes his eyes and dozes. Finally, in its most pronounced form, the delirium does not cease in the morning, but it continues all day until it becomes truly a *prolonged dream*. These patients often retain imprinted on their mind, for a greater or less time after they are well, some single obsessive, tenacious, false idea; a residue of the principal conception of their hallucinatory dream; a sort of mono-ideaism, or *post-oniric fixed idea*, which is identical with the mono-ideaism, or the posthypnotic fixt idea."

In further discussing the nature of this dream delirium, Régis is pleased to add: Grasset[1] says in this connection . . . that dream delirium is an example of the dissociation of the O center and the polygon to the profit of the latter; that is, of the two, the superior psychic activity and the inferior or automatic psychic activity, the latter becomes predominant. The reflection is

[1] See "L'Hypnotisme et la Suggestion," p. 392.

quite correct; in fact, I think that nothing could better make one understand the idea of dream delirium as I conceive it to be than to see for himself the scheme and the expression of Grasset's, a "type of polygonal delirium."

4. Impulsions[1]

Among the definitions of impulsion we must choose those which separate impulsion from the motor act which results from it. Such is that of Magnan—"a mode of cerebral activity which prompts to acts which the will is sometimes powerless to hinder." And that of Régis—"an irresistible tendency to the accomplishment of an act."

This is a disturbance of the psychic process of the execution or the externalization of an idea; it is characterized by a violent, imperative motive, endowed with an extreme force of externalization, which succeeds in substituting itself for all others, and of replacing them.

The sudden and imperative character of an impulsion suppresses deliberation and shortens the psychic act of decision to the point which Pitres and Régis have defined as morbid impulsion—"the imperative and often wholly irresistible tendency to return to the pure reflex, in the

[1] See Pitres et Régis: *Loc. cit.*, p. 271 and following.

domain of voluntary activity," and Dallemagne[1] has said, "An impulsion is, in its way, a sort of cortical reflex."

Between an obsession and an impulsion there is the difference that exists between the first and the second time of volition, between the decision and the execution. Both are powerful motives which annihilate the others, but an impulsion is a motive force which has a great power of externalization, a power which an obsession does not possess. An obsession becomes an impulsion when it is pushed to the point of externalization.

According to Arnaud,[2] the most important impulsions frequently met as symptoms of semi-insanity are as follows: 1. *dipsomania*, impulsion to drink; 2. *sitiomania*, impulsion to eat (from σιτιος, aliment); 3. *kleptomania*, impulsion to steal[3] (thefts from the counters in large stores); 4.

[1] Dallemagne: "Pathologie de la Volonté," p. 68.

[2] Arnaud: "Traité cité de Gilbert Ballet," p. 737.

[3] An item in the day's news reads: "A polytechnician in a council of war. . . . He was a pupil of the Polytechnic School; he was admitted last year as No. 28. At the same time he was received as the thirteenth in the Upper Normal School. The fellow is a thief. He has stolen not once in an attack of madness, but he has stolen often, methodically and knowing what he was doing. He plans and works out and executes his various thefts with as much intelligence as coolness. He has forced doors and coffers as a cracksman emeritus. And it is not only from his school fellows that he steals, but from the poor people of the neighborhood. . . . He has been caught and arrested. He confesses what he has done, but seems to show no sign of remorse. With perfect intellectual

pyromania, obsessive idea of fire, finally causing a strong impulsion to set something on fire; 5. *homicidal* impulsion; "the impulsive murderer . . . retains consciousness, at least to a relative degree, and a detailed memory of his acts, which he considers abominable and without excuse; he is carried away by an impulsive obsession of which he disapproves and against which he struggles in every way, and which too often subjugates his will and strength of action"; 6. *suicidal* impulsion; 7. *onomatomania*, impulsion to repeat a word, and *arithomania;* 8. *echolalia*, impulsion "to repeat

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faculties his moral sense is totally lacking. But, look at him a moment. This polytechnician with the shining eyes, alternately impudent and shy, with his asymmetric face and his narrow, bent shoulders that jerk nervously. It is plain to see that he is a degenerate. One would say a hysteric. . . . This sad case has less to do with psychology than with pathology. . . . All the witnesses say: He is a neurotic man, an impulsive and exalted, unbalanced, diseased individual. He feels violently, but can only reason a little. He is queer and fantastic and has been absent many times. He has no scruples. One day he told his comrade V.: 'If I should meet somebody in the corner of the woods, some one with a good, large sum of money, and I could steal from him without being caught, I would not hesitate a second to do so. . . .' As he himself piteously confest, he had foolishly squandered the money he had stolen; he had bought a leather valise, a modern teapot, a cane with a golden knob, a woman's comb, a fur coat for automobiling. . . . Is it for these that he has ruined his career, and besmirched the honor of his family? No, as Major Lemoine and Dr. Vallon, the alienist of Sainte-Anne, have shown, such foolish thefts can only be explained as morbid impulsions. Since his arrest he has had two attacks of major hysteria, and he has had to be cared for at Val-de-Grâce. His responsibility is therefore very much diminished" (Le Matin, May 27, 1906).

immediately and after the fashion of an echo any word which is heard, or written words and sometimes even one's own thought"; and 9. *coprolalia*, impulsion "to pronounce obscene words."

This last type is often associated with tics. Those impulsions which lead to repetitions of actions may be considered as psychic tics.

The following enumeration of Régis is more complete: 1. Impulsions to tics, gestures, and words; 2. impulsions to ridiculous and clownish actions; 3. impulsions to stupid and extravagant actions; 4. impulsions to coarse and repugnant actions; 5. impulsions to ambulatory actions; 6. impulsions to acts of appropriation and theft; 7. impulsions to erotic actions; 9. impulsions to incendiary actions; 10. impulsions to actions of violence against oneself; 11. impulsions to actions of violence against others; 12. impulsions to become intoxicated.

I will say a few words about the flights of ambulatory patients. Charcot[1] has published a very curious history of this type of patient, which has become classic. A man went out one day in Paris, commissioned by his employer to draw some money; at a certain moment he lost consciousness and memory, even forgot his coachman,

[1] Charcot: "Leçons du Mardi, 31 Janvier, 1888, et 21 Février, 1889."

and came to himself eight days later in a strange town, on a bridge, near a passing regiment, whose music had awakened him. Fearing to be laughed at, he did not dare ask the name of the town in which he found himself, so he only inquired the way to the station, and there, to his amazement, read "Brest"; he had made the journey by railway, and bought his ticket, avoided a number of obstacles on the way, had eaten and possibly had taken a room somewhere; he had spent two hundred francs of the nine hundred which he had drawn for his employer. . . . He then had the unfortunate idea of placing himself under the protection of a policeman, to whom he showed a prescription of Charcot's and who replied, "That is all right, I know him," and took him to the police station. They then put him to bed on a straw pallet in a cell, while they telegraphed to his employer to confirm his story. The employer telegraphed in reply: "Hold him under arrest; the money which he carries is mine." After a series of transfers from the police station to the Palais and from the Palais to prison (where he remained ten days), he was at last sent back to Paris, where he was discharged by his employer. The Mutual Aid Society of which he was a member refused to pay subsidies under the pretext that his disease was caused by intemperance.

I have studied[1] a patient who had formerly been treated by Pitres, whose observations were published by Bitot.[2]

One year in July while in Paris, he went to the Gare d'Orléans, without any reason for so doing. All along the way he saw nothing but sinister faces, and nothing seemed natural to him; moreover, there was a storm. At the ticket-office he asked for a ticket to "no matter where." They thought he was a queer customer and sold him a ticket for a near station. During the journey there he thought he was going to meet a relative; when he arrived at his destination indicated, he walked around, but saw none of his relatives and returned to Paris utterly disgusted by his adventure, which he could not understand.

Pitres[3] has also described a very curious case of a "traveler" who, apart from his vagaries, had no delusional ideas, but who made a series of impulsive journeys, like a regular Wandering Jew.[4]

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[1] "Leçons de Clinique Médicale," 2d series, p. 111.

[2] Bitot: Thèse de Bordeaux, 1890.

[3] Pitres: "Leçons Cliniques sur l'Hystérie et l'Hypnotisme," 1891, t. ii., p. 269.

[4] See further on this question: The essay of Tissié on "Les Alienés Voyageurs"; Gehin: "Contribution à l'Étude de l'Automatisme Ambulatoire ou Vagabondage Impulsif," Thèse de Bordeaux, 1892; Meige, "Étude sur Certains Neuropathes Voyageurs, le Juif Errant à la Salpêtrière," Thèse de Paris, 1893, No. 315; Alfred Fournier, J.-Ch. Kohne, et Gilles de la Tourette: Medicolegal report on a military deserter attacked with ambulatory au-

Patients who make such journeys—and they are numerous[1]—prove better than any number of theoretical expositions the actual existence of the semi-insane, their clinical characteristics, and, above all, the importance of their study, not only for physicians, but for society at large. The unfortunate patient of Charcot's would have been spared many tribulations if on the failure of the policeman the magistrates, at least, had known more about this kind of patient. Evidently he was not insane in the complete sense of the word, for from Paris to Brest he was able to reply and to reason very well; but he could no longer be called a psy-

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tomatism; "Nouvelle Iconographie de la Salpêtrière," t. viii., 1895, p. 348.

[1] General News: Young R. P. is decidedly incorrigible. Our readers will doubtless recall how he went away on the second of May last in company with one of his school fellows, . . . from his father's home, No. — of —— Street, Paris. Found in the department of Aveyron and brought home by his father, he has run away again from home, with this aggravating circumstance, that he has taken away the sum of five thousand francs (Le Journal, May 26, 1906).

Recently a man went through Paris, walking straight ahead of him. He was covered with a thick coating of dust. All at once a cab came along at a rapid pace and barely escaped knocking the foot-passenger over.

The man awakened and asked: "Where am I?" "In Paris," they replied. The unfortunate fellow could not grasp this. Seized with the desire to walk, he had without knowing it come from the farther part of the South, crossing France on foot, going straight ahead, until he came to the capital. The accident of which he was nearly the victim was the only thing that had interrupted his course (Le Mistral d'Avignon, January 10, 1906).

chically normal man, as between Paris and Brest he had acted without knowledge, memory, or responsibility.

Whatever may be their form, these impulsions have nevertheless common characteristics: "Lucid consciousness, agonizing struggle, irresistibility, emotivity, and relief following the accomplishment of the act" (Magnan and Legrain), not depending on the fact of whether the accomplishment of the act was successful or possibly fatal in its results.

5. Aboulias and Paraboulias[1]

Pierre Janet divides the aboulias (weakness of the will) into: 1. *systematized* aboulias, helplessness of the will, not bearing on the actions taken as a whole, but on a particular act or on a system of special acts; 2. *localized* aboulias, partial helplessness as in the preceding cases, but not systematized; momentary or periodic aboulias, a group not clearly defined; 3. *general* aboulias, "which bear simultaneously on all the actions of all the thoughts."

In the aboulias Pierre Janet has very clearly shown that the disturbance bears upon the true

[1] See Pierre Janet: "Mental State of Hystericals," Putnam, New York; "Les Stigmates Mentaux," Bibliothèque Charcot-Debove, 1893, p. 122, and "Névroses et Idées Fixes," 2 vols., Paris, F. Alcan, 1898.

superior will, altho, on the contrary, the polygonal acts persist. This is what he expresses in the three following characteristics: 1. Conservation of old actions (which have become polygonal); 2. loss of new actions (O); 3. conservation of subconscious actions and loss of the personal perception of the acts.

This is what is also exprest in the law of Ribot: "Dissolution proceeds retrogressively from the most voluntary and the most complex to the least voluntary and the most simple; that is to say, toward automatism."

To a lesser degree it is "the caprices or phenomena of the polygon that hold sway." One must not class among the aboulias (as there is too often a tendency to do) those subjects (obsessed and anorexic) whose will is disturbed by the exaggeration of a partially arrested volition. These are paraboulias; they are abominably and perversely obstinate.

We must distinguish between the aboulia of *volition*, in which the subjects do not *wish* to act, and the aboulia of *execution*, in which the subjects *can not* externalize their decision; that is, to make it pass into a motor act.

"In the normal man," says Seglas, "these two phenomena approach each other so closely as to be almost confused. But in certain conditions,

according to the observations of the patients themselves, it is necessary to make a distinction, and one must distinguish the individual, who grasps in his mind the action to be accomplished, but who does not find in his mind the means of bringing it about, from the aboulic person, who neither conceives the action nor makes any effort." The first has the *non-ability* (aboulia of execution), the second has the *non-willingness* (aboulia of volition).

In the aboulia of execution the patients, says Guislain (quoted by Ribot), "are able to wish in their hearts and minds to do a thing in a natural and proper way. They may even make an attempt to do it, but they are powerless to make it come about. . . . The *I want to* does not pass over into an impulsive volition or an active determination."

Hypomimia (weakness of emotive mimicry), *hyposemia*, and *asemia* (weakness of language mimicry) form a part, at least in certain cases, of these aboulias of execution of externalization.

6. Troubles of General Sensibility[1]

"The name *cenesthesia*, or sensation of existence, has been given to the feeling which we have

[1] See Seglas: "Traité cité de Gilbert Ballet," p. 172; Ribot: "Maladies de la Personnalité," p. 22, Bibliothèque de Philosophie Contemporaine. Paris, F. Alcan.

of the existence of our body, a sensation which, in its normal state, is accompanied by a certain feeling of well-being. Each vital function contributes its part to it, and from the complex result we get this vague idea" which constitutes, in fact, the *consciousness of the physical ego*, and which includes all the endogenous feelings which we have in our body and our organs. "It is the sum total, the unexplained chaos of sensations, which are unceasingly transmitted to the sensorium from all points of the body" (Henle). It is "the fundamental feeling of existence" (Condillac), "the feeling of sensitive existence" (Maine de Biran), which has been carefully studied by Jouffroy.

I will divide the disturbances of general sensibility as observed in the semi-insane into four groups:

1. *Autoscopic Phenomena*[1]

When the polygon is dissociated in sleep there are sometimes revealed to it certain cenesthesic sensations which come with particular force and lend to the dream a certain prophetic or premonitory appearance. This is more distinct in hypnosis (Sollier), for in this state the relations become much more intimate in both senses (centripetal and centrifugal) between the psychic centers and

[1] See Paul Sollier: "Les Phénomènes d'Autoscopie," Bibliothèque de Philosophie Contemporaine, 1903. Paris, F. Alcan.

the normal organic functions submitted to their influence.

Comar[1] and Sollier have described in certain patients the possibility of feeling and representing to themselves certain of their organs (internal autoscopy). Sollier has even met patients who described to him the "microscopic formation" of their ovaries and their brain! Certain patients of Comar have traced the course of foreign bodies in their body. In other cases the subject feels that his entire body is objective to himself; he sees it standing before him. This is what we may call *external* autoscopy. It is the *autoscopic* or *specular* hallucination of Féré, and the deuteroscopy of Brierre de Boismont.

Paul Sollier distinguishes three external forms of autoscopy: 1. *specular* autoscopy, where the fantom is identical with the actual subject; 2. *dissimilar* autoscopy, where the fantom differs from the subject in its external attributes, but is morally one and the same with himself; 3. *cenesthetic* autoscopy, where the double is only felt and not seen, but recognized as being identical with the subject.

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[1] Comar: "L'Auto-Représentation de l'Organisme chez Quelques Hysteriques," Revue Neurologique, 1901, p. 491, and Presse Médicale, January 17, 1903. See the entire bibliography of the question in the book quoted by Paul Sollier.

Sollier finally describes, under the name of "negative autoscopy," the cases in which the subject looking at himself in the mirror is not able to see himself.

2. *False Sensations of Disease. Hypochondria*

Hypochondria, which we must not confuse with the dread of disease (nosophobia), is really a disturbance of general sensibility. The subject *feels* himself to be sick; this is a disorder of general sensibility, for as he really is not ill it is rather an illusion than a hallucination, because more often the subject wrongly interprets real endogenous sensations. This sensation of disease may give rise in the subject to an emotion, a certain degree of anguish and of phobia; but the emotional disturbance is not indispensable to the formation of hypochondria.

According to Gilbert Ballet and Seglas, one may recognize three degrees of hypochondriacal disturbances: 1. Hypochondriacal *sensations* (hypochondria minor); 2. Hypochondriacal *sensations* with *emotion* (hypochondriac phobias, nosomania, nosophobia); 3. Hypochondriacal sensations with *delusional ideas* (*hypochondria major*, systematized false and absurd ideas; hypochondriac insanity).[1]

[1] See Arnaud: *Loc. cit.*, p. 557.

3. *Discontent and Exaggerated Contentment (Euphoria of the Physical Ego)*

A slight degree of hypochondria constitutes physical discontent. Without really feeling sick, the patient feels ill at ease; he observes his symptoms and hunts for morbid feelings; he consults physicians and avoids all supposable causes of disease. Such people are *timid* about their health. This discontent with themselves may lead (Pierre Janet) to the obsession of bodily shame with anguish (sensation of incompleteness in effort).

Speaking of this symptom we may contrast it with its opposite, *euphoria*, or the exaggerated feeling of contentment of the physical ego (*optimism* being rather an exaggerated feeling of contentment of the personal ego taken as a whole). These patients fear nothing. They feel better than ever, they do not want to consult a doctor or take the most elementary precautions; they are indifferent to their physical surroundings or hold them in contempt; they will take any risk and boast of it.

These troubles are more often complicated with emotional disturbances; self-discontent is sad, while euphoria is gay.

4. *Disturbances of Some Particular Cenesthetic Sensations*

Each of the sensations of our bodies may be the object of a disturbance. Such are disturbances of the *instinct of nutrition*, which are thus summed up by Seglas:

Instinct of nutrition:

Augmented: voracity, boulimia, chewing the cud.

Diminished: anorexia, fear of feeding, fasting mania.

Perverted: preference for or repugnance to certain foods or liquids, dipsomania, ingestion of various non-alimentary substances, dirt-eaters, offal-eaters.

The sensory-motor functions may be the starting-point of symptoms of the same group.

Certain patients "have a delightful sense of lightness in their bodies. They feel themselves suspended in the air; they believe that they can fly; or else they have a feeling of great heaviness all through the body, or in some limbs, or in a single limb, which seems enormously large and heavy"; or else the patient "feels himself much smaller or much larger than he is in reality." [1]

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[1] Ribot: "Maladies de la Personnalité," p. 35. Paris, F. Alcan.

7. Disturbances of Personality and of the Idea of the Ego

1. *Diminution and Exaggeration of the Idea of the Ego. Egoism and Morbid Timidity*

Timidity becomes morbid when it is accompanied by apprehensive anguish and passes into a phobia.

The psychic acts disappear, commencing with the highest and most altruistic, and ending with the most personal and lowest. The emotions relative to the ego persist until the last and take unto themselves greater and greater importance; thus egoism is one of the chief symptoms which is nearly always present in the psychoses and even as a rule in the neuroses.

This egoism, moreover, according to the case, appears under various aspects such as: suspicious and vindictive self-love, the egocentric character of the man with systematized delusions, the absent-minded indifference of the melancholic or the hypochondriac, the apathy of the demented, the negligence of the paralytic, the fallacy of the argumentative man, the hypocrisy of the imbecile, the crankiness of the maniac.[1]

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[1] Seglas: *Loc. cit.*, p. 159.

2. *Optimism. Ideas of Grandeur*

Optimism is a happy feeling of the entire ego, both physical and psychic. The patient feels himself to be strong both physically and intellectually.

If he goes a step further than this he has ideas of grandeur which Seglas divides into: *a.* Ideas of satisfaction, capability, strength, power, riches; *b.* Ideas of pride, ideas of grandeur properly so-called, ambitious ideas.

3. *Ideas of Denial or Partial or Total Transformation of the Ego*

Dissatisfaction with self forms the first degree of this group in which in a little more advanced state there are ideas of diminished importance, and finally ideas of partial or total denial of the ego.

In these *deniers*[1] we find a "peculiar conviction corresponding to the idea of change, of destruction or absence and non-existence"; these patients "have no name nor age; they are without family and without feeling. . . ."

These ideas of negation may or may not be systematized. One can compare them to ideas of bodily transformation (*metabolic* delusions); the

[1] See Seglas: *Loc. cit.*, pp. 256, 260, 270.

patient is shut up in glass, in wood, or in rubber.

4. *Ideas of Persecution and Defense*

It is only necessary for the patient to look for some interpretation of these sad ideas of denial or of transformation of the ego, or that he should attribute them to some external origin in order to arrive at ideas of persecution.

This is much more distinctly a para disturbance of the idea of the ego; for the characteristic thing of these patients is "pride, self-love" (Ball), egocentric characters as the Germans call them, which in his relations to the external world leads the individual to look at everything in a peculiar way, and to see therein some relation to himself.

In addition to these people with true persecutory ideas who attribute their persecution to some external cause there are some who have self-accusing ideas of persecution, who consider that the cause of their unhappy ideas comes from within themselves.

With ideas of outside persecution, ideas of passive defense are very easily and naturally associated (Seglas); the patient is convinced that by the side of the individuals who are pursuing him there are others who are defending him.

5. *Disturbances of the Idea of Personality*

Every individual has only one real and normal physiological personality formed by the ensemble and the synthesis of all his nervous centers, and resulting in the idea of the conscious ego.

Without being insane, a psychically diseased individual may have a doubling of his personality, or changes or transformations in it (hypnosis, trance of mediums). In these cases the true superior personality is not modified, but abnormal polygonal personalities arise after the disaggregation of the subpolygon. There is then temporary suspension of the idea of personality, the O is asleep, but, on waking, everything gets back into order; there has been no real morbid disturbance of the idea of personality.[1]

If, on the contrary, there had been change and disturbance of the psychic functions taken as a whole (including the O), the idea of self and of one's personality might be really changed and disturbed; such are true diseases of personality by reason of the disturbance of the superior idea of self. In the same way the characters of the polygonal types heretofore indicated are found, in a

[1] See, for these facts, Alfred Binet: "Les Altérations de la Personnalité," Bibliothèque Scientifique Internationale, 1892. Paris, F. Alcan.

lesser degree, in the less afflicted, that is to say, in the semi-insane.

When the O is weakened, it is a polygonal personality which appears, *coexisting* with the true personality, *alternating* with it, *substituting* itself for it, *or growing weaker* with it. These are all types of disturbances described.[1]

Pierre Janet has also described obsession of depersonalization.

8. Disturbances of the Social Psychism

Psychic acts may be divided into two classes corresponding to life in *society:* psychic social acts (of man in society) and psychic collective acts (of societies of men). The disturbances which the demifous may present correspond to these two groupings of human life, the social side and the collective side. We will arrange them under three heads: 1. disturbances of social and moral ideas; 2. disturbances of religious ideas; 3. gregarious disturbances of the masses.

1. *Disturbances of Social and Moral Ideas*

To this series belong the two following groups of the classification of Morselli and Seglas:[2]

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[1] See Seglas: *Loc. cit.*, p. 228; Rogues de Fursac: *Loc. cit.*, p. 84; Ribot: "Les Maladies de la Personnalité," pp. 136, 147.

[2] Seglas: *Loc. cit.*, p. 168.

(*a*) Acts concerning the material relations of the individual to his social environment.

Capacity for work:

Disordered activity, diminution of activity or absolute inertia, instability, automatic work.

Instinct of property:

Diminished: indifference, prodigality, destructive impulsions.

Augmented: jealousy, fear of theft, a mania for buying.

Perverted: kleptomania, desire to collect and hoard.

Judicial interests:

Litigious insanity, a mania for quarrels.

(*b*) Acts concerning the emotional relations of the individual and his social environment.

In social life:

Negligence or eccentricity of behavior, contempt for proprieties and rules of polite living.

Altruistic sentiments: egoism, misanthropic generosity, suggestibility, tendency to violence, blows, wounds, homicide.

Sentiments of justice: calumny, theft, pyromania, exaggeration of particular interests and rights, claims, scandals, acts of vengeance intended to draw public attention, pseudochantage, litigation mania; senti-

ments of solidarity; nostalgia, zoophilia, pseudoreformers, regicides, peculiar disposition of wills.

The most important of these disturbances of social and moral ideas may be grouped under three heads: 1. political, anarchistic, and regicidal delusions; 2. hypomoralistic: absence of moral sense, moral insanity, or moral idiocy, obsession of crime, homicide; 3. the paramoralistic: the scrupulous, remorseful, autoaccusers.

2. *Disturbances of Religious Ideas*

I think I may say that Sergi[1] exaggerates a little when he considers religion as a "*pathological* manifestation of the function of protection"; there are religious individuals who are so in all good faith and who are not at all diseased.

But like all other psychic acts, religious ideas may be the starting-point or the manifestation of certain disturbances which Seglas has enumerated thus: insanity of doubt, superstitions, demonomania under its various forms, mania for fasting, mutilations, suicide, homicide, diseased exaggeration of religious practises, amulets, illuminism, seers of visions, prophets and founders of extravagant religions.

[1] Sergi: "Les Emotions," trad. Petrucci. Bibliothèque Internationale de Psychologie Expérimentale, Normale et Pathologique, 1901, p. 404.

One may group the most important of these disturbances under the two following heads: 1. Diseased exaggeration of religious ideas: ecstasy,[1] mysticism, superstitions, ritual practises going even as far as automutilation, or even to suicide or homicide (sacrifices). 2. Perversion of the religious idea: demonomania or demonopathy, demonolatry, theomania, religious[2] and blasphematory delusions, sacrilegious obsessions[3] and impulsions.

All these diseased people are religious and have religious ideas, which, however, are perverted; for true and whole-hearted unbelief has no tendency to blasphemy or sacrilege. These crimes, which exist solely by reason of their profane character, can be understood only as a perversion of a persistent idea. One must still have a distorted religious idea if one would rather steal the consecrated host than the precious vessel which contains it.

All these disturbances are therefore *para* rather than *hypo*, for an individual has no right to be considered diseased either because he has a religion or because he has none.

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[1] See Murissier: "Les Maladies du Sentiment Réligieux." Bibliothèque de Philosophie Contemporaine, 2d edit., 1903. Paris, F. Alcan.

[2] See Seglas: *Loc. cit.*, p. 261, et Arnaud, *ibid.*, p. 568.

[3] See Pierre Janet: "Les Obsessions et la Psychasthénie," t. i., p. 9. Paris, F. Alcan.

3. *Gregarious Disturbances*

I include under this title the disturbances of the individual psychism as manifested in crowds; the psychic disturbances presented by individuals living in a community and combining, as it were, by reason of their collective life, the more particular cause of their development of form.

The crowd,[1] which has lately been made a subject of study, is only one of the forms of collectivity. It is a good example for analysis, because the crowd presents in the highest degree, even in an exaggerated form, the general psychological characteristics of all communities. The thing that rules the psychology of communities is that each individual which forms a part of it resigns more or less voluntarily the peculiar psychic control of his O center; his dissociated polygon performs its functions alone as it does in distraction, or passion, and hypnosis, and he is guided either by his neighbors (contagion of crowds) or by the

[1] See Gustave Le Bon: "Psychologie des Foules," Bibliothèque de Philosophie Contemporaine, 11th edit., 1905. Paris, F. Alcan; Scipio Sighele: "Psychologie des Sectes," trad. Louis Brandin, Bibliothèque Sociologique Internationale, 1898, et "La Foule Criminelle. Essai de Psychologie Collective," Bibliothèque de Philosophie Contemporaine, 2d edit., 1901; Tarde: "L'Opinion et la Foule," même Bibliothèque, 1901. See also, on the imagination of crowds, Dugas: "L'Imagination," Bibliothèque Internationale, Normale et Pathologique, 1903, p. 181. See also Cabanès et L. Nass: "La Névrose Révolutionnaire," preface, Jules Claretie.

leaders. Therefore the responsibility for *gregarious* acts ought to be placed more often, at least in part, upon the leaders.

Thus constituted, the community forms a sort of complex individual, but one whose psychology has been studied under the name of "the soul of the crowd" submitted to the law of mental unity of crowds.

The crowd may also be *scattered*, that is to say by the press, by lectures, and also by books. There may be established a community of *opinion*, which forms a great mental unity, whose members are separated one from another in space and time. It is thus that parties, sects, public opinion, and castes are formed.

The classification of the crowd according to Le Bon is as follows:

Heterogeneous crowds:

1. *Informal:* Street crowds, for example;
2. *Formal:* Juries, parliamentary assemblies, etc.

Homogeneous crowds:

1. *Sects:* political, religious, etc.
2. *Castes:* military, sacerdotal, labor, etc.
3. *Classes:* bourgeoise, peasants, etc.

The mentality of the community is a very different thing from that of individuals; but, as fundamentally it always comes back to the mentality of its

component parts, it must be admitted that the mentality of individuals is often very greatly modified by the very fact of their being in a community. "It is thus," said Le Bon, "that in an assembly of the fiercest partizans one will often find inoffensive citizens, who under ordinary circumstances had been peaceful notaries or virtuous magistrates. When the storm has passed they resume their normal character of peaceful citizens. Napoleon found his best servants among such as these." Thus, as the same author says, the psychological crowd is for the time being an individual.

Many authors admit that the community always diminishes or lowers the mentality of the individuals composing it.[1]

This is true in many cases. "Thus," says Le Bon, "the decisions of general interest taken by an assembly of distinguished men, *but of different specialties*, are not appreciably superior to the decisions arrived at by a gathering of imbeciles. The

[1] "From the moment that individualities come by degrees under the tyranny of a community one may be sure that they will show a certain weakening of their intellectual power: . . . a hundred citizens, all of superior intelligence and forming a legislative chamber, will pass measures and vote for questions which they would be the first to denounce if left to themselves, had they been able to weigh both sides. . . . On the other hand, assemblies often display a collective generosity which nearly all, if not all, the members would have been incapable of showing alone; the night of August 4th furnishes a good illustration of this law" (Cabanès et L. Nass: *Loc. cit.*, p. 428).

explanation of the fact lies in the words which I have underlined. The individuals in this case are not superior for the purpose for which they came together; they would have done better things if there had been a reunion of men of the same specialty, and for their specialty they would then have done more and better work as a community than alone, that is, *if they had been well directed*, for the whole thing rests on this. The same crowd following the impulse of a moment would courageously put out a fire, and heroically defend their country, or would burn a factory, or brutally massacre a falsely accused victim.

"The crowd is the people, or rather a fraction of the people, in delirium, the delirium of enthusiasm or delirium of fury. The crowd will carry in triumph the man it has just insulted, or without a moment's thought will cut the throat of the man it has just been praising. Shakespeare has painted it admirably with its vicissitudes in 'Julius Cæsar.' It is not the vile multitude of which Thiers spoke so insolently; it is the human beast dismayed and disgusted which fear too often rules; that wild unreasoning fear which sows panic in our midst, which causes the assemblies to vote, and arms the human mob; that fear which caused Cambon to say when he summed up in a few words the gigantic French struggles: 'we are afraid

even of ourselves, as in the night.'"[1] The crowd is often semi-insane.

In the same way "it is this that causes juries to render verdicts of which each juryman would individually disapprove, and parliamentary assemblies to adopt laws and measures which each one of the members which compose it would condemn if left to himself."

But we must not take this literally and lay down in general the assertion that "owing to the simple fact that he takes part in an organized crowd, man descends several degrees in the scale of civilization. By himself he may be a cultivated individual; in a crowd he is a barbarian, that is to say, he follows his instincts." He is a primitive individual. This is often true, but not always; the *public*, which is a sort of scattered crowd, is sometimes a good judge, as good as each of the individuals composing it, if not often better in certain cases.

From this point of view the two opposite and extreme physiological types are:

1. *The leader*,[2] who not only does not permit his mentality to be affected by the community, but

[1] Jules Claretie: *Loc. cit.*, p. 8.

[2] See, on the leader, his methods of action and his prestige, Le Bon: *Loc. cit.*, p. 105 (all of chapter iii.), and also Pascal Rossi: "Les Suggesteurs et la Foule, Psychologie des Meneurs," preface Morselli, trad. Atoine Cundari, 1904.

who imposes his own mentality on the crowd, and directs it, having the vocation and the qualities of a shepherd: he draws the majorities and makes his flock vote according to his wishes.

2. *The masses*, who are subject to the various influence of the community; alone, they may be very stedfast in their conviction; but an article in a journal, an address, or a meeting will make them change their opinion immediately.

Between these two extreme types is the *independent* man who is neither leader nor led, who demands nothing of communities but work and knowledge, and who judges them, rules them, and uses them, if he has need of them, without allowing himself to be influenced by the crowd. He does not worship success, or the opinion of numbers; he generally sides with the minority, votes against the government, and is occasionally guillotined.

This being the case, I do not believe (altho some have said so) that life as a society or a community, or in any group (political, military, or religious), can be sufficient to bring about true and permanent psychic disturbances outside of the usual causes of mental alienation. Heredity, alcoholism, and syphilis cause more insanity than communities.

But one may say that certain of these occasions

of mob enthusiasm are just such as the semi-insane will avail themselves of to manifest their psychoneuroses under some special form.

The semi-insane easily fall victims to psychic or mental *contagion,*[1] they are naturally ready to accept as authentic the false interpretations which are exprest around them. Many forms of delusion may thus be communicated: Meyer has quoted the example of an alcoholic dement who came to share the erroneous ideas of a patient suffering from a polyneuritic insanity. But the most contagious of the vesanias is the delusion of persecution; for it is that, says Arnaud, which has the greatest appearance of reality and of logic, and which is the least contrary to accepted ideas.[2]

This latter belongs rather to insanity, but the semi-insane often presents one of the two following types of the same general order of ideas: 1. Megalomania, with ambitious ideas to be a leader of peoples, the maker of constitutions, the reformer, the founder of queer religions, and often the cause of exciting criminal crowds; 2. The timid man who is afraid of crowds and all gatherings whatsoever, the melancholy miso-

[1] See Vigouroux et Juquelier: "La Contagion Mentale," Bibliothèque Internationale de Psychologie Expérimentale, Normale et Pathologique, 1905.

[2] Anglade: *Loc. cit.*, p. 35.

neist, presenting what Pierre Janet calls social aboulias.

9. Disturbances of Sexual and Family Psychism

The sexual function alone is not the only factor making for the conservation and growth of the human species. Development and education are just as important as the act of bringing into life a new human being who is incapable of living and of bringing himself up alone. The human species maintains itself and grows in the sum total of its life, that is to say physically and psychically, only when all its individuals fulfil not merely their sexual duties, but also their family duties. The family ought therefore to be classed apart from other communities[1] or groups because it is much more natural in its point of departure, and has a higher object and a very superior reason for existing, namely, the existence of the species.

I therefore divide this paragraph into two sections: 1. Disturbances of psychic acts relative to the sexual life; and 2, disturbances of psychic acts relative to family life.

[1] This is not the opinion of Spencer, Mercier, Morselli, Seglas (*loc. cit.*, p. 169), who, on the contrary, place the actions concerning family life outside of the acts dealing with the reproduction and preservation of the species, and in the acts concerning the affective relations of the individual to his social environment.

1. *Disturbances of Psychic Acts Relative to the Sexual Life*

"Upon this subject J. Roux[1] wisely says we should be brief and even sparing of definitions, accepting obscure conditions as certain."

There is no hyperdisturbance of love. Disease may exaggerate sexual instinct, but it can not pervert or misconstrue love.[2] An exhibitionist, a satyriasist, or a nymphomaniac can not be compared to a true lover, even altho passion may be carried to a very great degree of exaggeration. There is no true hyperphilism;[3] there can be among diseased characteristics only hypo- and paraphilics.

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[1] Joanny Roux: "L'Instinct d'Amour," 1904. See also for this paragraph: Gaston Danville: "La Psychologie de l'Amour," Bibliothèque de Philosophie Contemporaine, 1894. Paris, F. Alcan; Ch. Féré: "L'Instinct Sexuel," 2d ed., 1902. Paris, F. Alcan; Rémy de Gourmont: "Physique de l'Amour. Essai sur l'Instinct Sexuel," 1903; Chevalier: "L'Inversion Sexuelle," Bibliothèque Scientifique Judicaire. Preface de Lacassagne, 1893; Tarnowsky: "L'Instinct Sexuel et ses Manifestations Morbides." French trans. with preface of Lacassagne, 1904; Seglas et Arnaud: *Loc. cit.*, pp. 168, 266, 573, and 764.

[2] I have tried to show elsewhere that love ought not to be classified with sexual instinct and to refute the very narrow theories of love put forth by Bain ("Appetite and Personal Charm"), Sergi ("Stimuli of Reproduction and Sense of Touch Combined with Sense of Temperature"), Schopenhauer ("Manifestations of Sexual Instinct"), Delbœuf ("Unconscious Need of Begetting a Child"), Roux ("Sexual Hunger").

[3] The *mystics* are only *hyperphilic* as far as the cerebral element of love is concerned (see Georges Dumas, Revue des Deux Mondes, September 15, 1906).

(*a*) Hypo Disturbances. Hypophilism, Anaphrodisia, Sexual Horror.

This group includes diminished and lost sexual sensibility; hypesthesia and anesthesia, misogyny (dislike of women), and androphobia (fear of males).

Genital anesthesia is called *frigidity* when it is congenital and affects both the sexual and the psychic act (neither erection nor desire); *impotence* when it is acquired (sexual abuses, organic nervous diseases), and chiefly when it is limited to the sexual act (no erection, or persistence of desire). Sexual *horror* is, on the other hand, more often psychic, but accompanied by sexual anesthesia.

To this group there should be added certain cases of *erotomania*, or morbid platonic love; sexual excitement exists, says Arnaud, "but it is as if transported into the intellectual order; very actively cerebral, the excitement does not extend to the medullary genital center (anterior cerebrals of Magnan). There is neither carnal desire nor erection." These are truly hypos.

Inversely, hypo disturbances may bear on the psychic phenomena of love, to weaken them and to suppress them, without suppressing but rather exalting the inferior reflexes of sexuality; these are the spinals of Magnan (onanism).

(*b*) Para Disturbances.

α Sexual Hyperesthesia. Precocity and Morbid Permanence of Sexual Instinct. Erotic Ideas.

This group also includes *priapism*, *satyriasis*, and *nymphomania*.

In a lesser degree this appears as an *amorous obsession*, and certain cases of the need of loving and of being loved have been described by Pierre Janet.

There are also expansions in certain individuals which J. Roux calls *moral exhibitionism*, and "delusional manifestations of the sexual sense." This symptom corresponds to sexual hyperesthesia, at least when, as Seglas says, "the patient delights in the continual representation of sexuality and of everything that seems to have connection with the satisfaction of the sexual appetite." There are cases of erotomania with persistence or exaggeration of sexual desires.

β Sexual Perversions. Paraphilism

The *perverts* can obtain genetic satisfaction only by "the intervention of a foreign element into the genital sphere," a morbid association of psychic acts other than those of physiological love. This foreign element "is, moreover, very variable, and more or less remote from normal excitation. It

consists sometimes of an idea or mental representation, sometimes of a sentiment, sometimes of a material object whose affective presence is indispensable to the accomplishment of the venereal act."

In this group Lasègue in 1877 first described *exhibitionism;* the irresistible impulsion to expose and show the genital organs in public; exhibition at a distance, without manipulating movements, in the same places and at the same hours . . . in the simple cases; there are also onanistic and manipulating exhibitionists (Magnan).

Krafft-Ebing has classified sexual perverts into fetishists, masochists, and sadists.

"*Fetishism*[1] is an anomaly in which an object foreign to the normal genital sphere has the exclusive power of awakening sexual sensations and desires," a part of the clothing or of the body (nightcap, plait of hair). The *masochist*[2] is "an individual who loves to be subjugated, humiliated, and even maltreated by an individual of the opposite sex, and for whom this abasement (*passivity* or *passivism* of Stefanowsky) constitutes the sexual excitement par excellence, if not the only ex-

[1] The word is Binet's (Féré).

[2] From the name of Sacher Masoch, a novelist who described these diseased conditions.

citant." *Sadism*[1] "is a perversion in which the genital excitant can be obtained only on the condition of causing or seeing suffering; the suffering of the victim awakens voluptuous sensations in the one who tortures him."[2]

J. Roux includes *phobophilia* with this, "a dis-

[1] From the name of the Marquis de Sade. See "The Count, called Marquis, de Sade," Medicina, 1906, p. 22.

[2] "The Strangler, a rival of Jack the Ripper in Paris. The exploits of a satyrist. For several months past numerous women in Montmartre and the neighboring quarters have almost been the victims of an individual to whom they give the name of the Strangler. This is the manner in which he works: When he finds himself in a room with a woman, either by design or by chance, he tries to distract her attention, he then suddenly passes a necktie around her neck, or sometimes simply seizes her throat in his clasped fingers and tries to strangle her. Each time the victims of these criminal attempts have been able to call for help, and the sinister maniac has been obliged to loosen his hold in every instance; but he has escaped. A few days ago he brought a young woman, B. J., in a room in the Rue des P.; this time he was armed with a knife and instead of strangling tried to cut the throat of his companion. B. J. had time to ward off the blow with her hands, and her throat was only slightly wounded; the murderer, arrested at the time, gave his name as G. His statements seemed suspicious. By means of the anthropometric tests he was recognized as L. V. D., a journeyman tailor born at Bruges. He had been sentenced sixteen times in France, several times for similar deeds of sadism, and was at the time under the threat of expulsion" (Le Journal, May 26, 1906). See in Le Matin of October 16, 1906, this other statement entitled "Maidens Beaten, a Sacristan Whipt Pretty Penitents," which ended thus: "According to the judge, M. Henri Laurer, it is probable that B—— will not be brought before the tribunal; they will shut him up in the insane asylum at Coire, and that will be the end of it." At the moment of correcting these proofs, all the papers contain dispatches (verifying this) which describe perversions of the same nature at the court of Annam.

ease of those who can find sexual emotion only through fear." This is a form of masochism with what one might call *pathophilia*.

In all these cases of perversion there are always the two sexes. This is not the case in *bestiality* and *necrophilia*.[1]

γ Sexual Inversion

As a transition between the *heterosexuals* and the *homosexuals* (inverted), one might place the *asexuals*, those who have no sex, or those who wish to have none; those who have a sense of *shame of their sex* and who do all that they can to hide it. They adopt the gait and costume and manners of the other sex. In a greater degree, they are not yet inverts, because no one is inverted who wants to be so; but they are subjects who desire to be inverts, who almost regret not being so.

Sexual inversion (Casper, Griesinger, Westphal), "Conträre Sexualempfindung, Uranisme" (Ulrichs), "consists in the genesic tendency toward an individual of the same sex accompanied by a lively sense of repulsion for the opposite which is sometimes insurmountable."

Krafft-Ebing distinguishes psychosexual her-

[1] See Belletrud et Mercier: "L'Affaire Ardisson," Contribution à l'Étude de la Necrophilia, 1906.

maphroditism, homosexuality, effemination, and androgyny. . . .

2. *Disturbances of Psychic Acts Relative to Family Life*

The word *love* is generally applied to all the affections which bear upon those psychic acts as a whole which relate to the race: *love*, meaning the mutual affections of the two sexes with the idea of generation in view; *family love*, meaning the mutual affection of the various members of a family. This is sufficient to separate love and the various forms of love from other affections such as friendship.

In family love we may distinguish *conjugal* love as distinct from the short-lived love which may be met with outside of the family, the mutual love of the founders of a family; *paternal* (or *maternal*) love, *filial* and *fraternal* love; the mutual love of the heads of a family and of their children which is normally incompatible with all sexual love.

Seglas thus enumerates the morbid acts concerning the affective relations of the individual and his family: 1. Misogamy, misopedia, inadaptability to the reciprocal obligations of family life; 2. Isolation, flights and vagabondage, diminution or loss of family feeling, exaggeration of these same feel-

ings, morbid jealousy, uxoricide, liberaside, collective suicide.

B. Diseases in which Semi-insanity May Be Observed

I will first reproduce (pp. 110 and 111) the classification of psychopathies according to Régis.[1]

It will be noticed that in the first division (psychopathic diseases or psychoses) of the first large group (primitive psychopathic states) the various types derive their unity from their clinical history (etiology, symptoms, evolution, prognosis, and treatment); and the same is true in the second division, which includes the psychopathic infirmities or psychic infirmities. In the second large group (symptomatic or associated psychopathies) the individuality of the various types is based upon the nosological unity, or the unity of the initial disease.

In various proportions one can find the semi-insane in almost every one of the types established by the psychiatrists.

I have not the slightest intention in the world of exhausting the subject by enumerating, by means of examples, the following types in the same order of the table following page 154.

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[1] This whole chapter is taken more or less from this very excellent work by Régis.

1. Mania. Systematized Postmaniacal Delusions

Acute mania does not in any wise belong to semi-insanity. But when it passes over into the chronic state the ideas become less fickle and a "delusional theme" may be organized.

"In proportion to the degree in which this remains alone such a delusional idea may finally become more and more definitely synthesized or bound together and more and more fixt. The individual may then be so far advanced as to have systematized delusions of persecution or invention, or more probably ideas of grandeur. These are what are called postmaniacal, secondary, systematized delusions."

2. Melancholia

1. The preceding cases are similar to *postmelancholic systematized delusions.*

2. There is also a subacute melancholia which is called *melancholia with morbid conscience.*

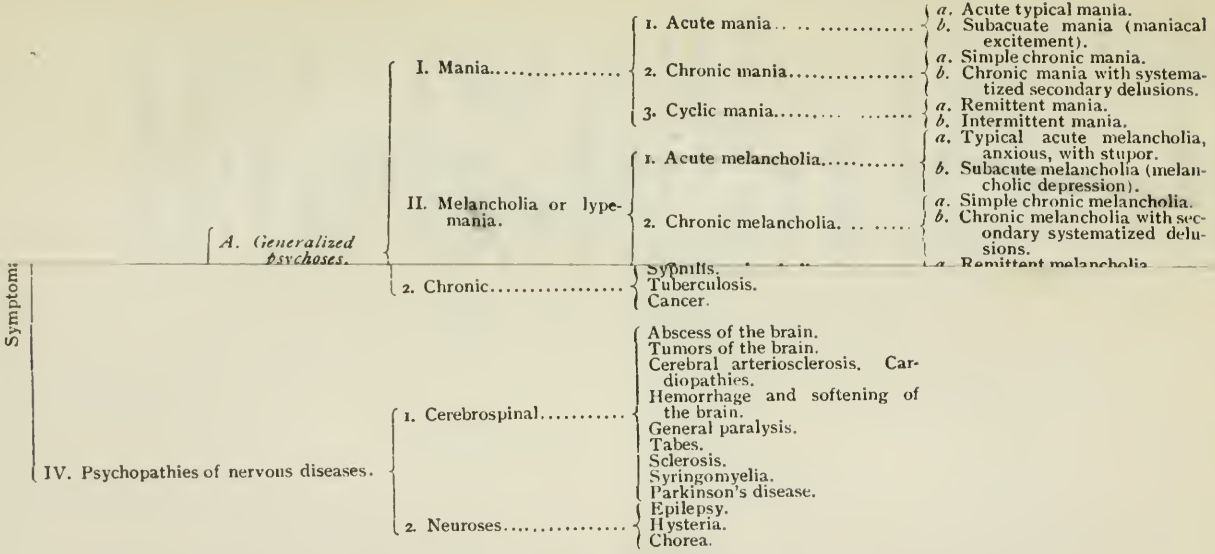
"More often this goes no further than a general condition of sadness, depression, inaction, and helplessness. The patients avoid all work, all occupation, and all society; they withdraw into their rooms, where they sometimes shut themselves up for weeks and even whole months at a time,

without wanting to receive anybody, passing their time either sitting or lying down, unable to make up their minds and come to any decision, or to make any effort that would lead to action.[1] . . . To these symptoms, which may exist alone, are also added the usual unhealthy preoccupations which more often give rise to fixt ideas or obsessional ideas than to true delusions. The more frequent of these are hypochondriacal ideas, ideas of persecution, religious ideas, and scrupulous ideas. But in spite of these conceptions, which are confined, for the most part, to very narrow limits, the subject preserves his lucidity as well as a *knowledge of his* diseased condition. . . . The patients are able to appreciate their affection in its true light, and are sometimes even able to resist their pathological tendencies."

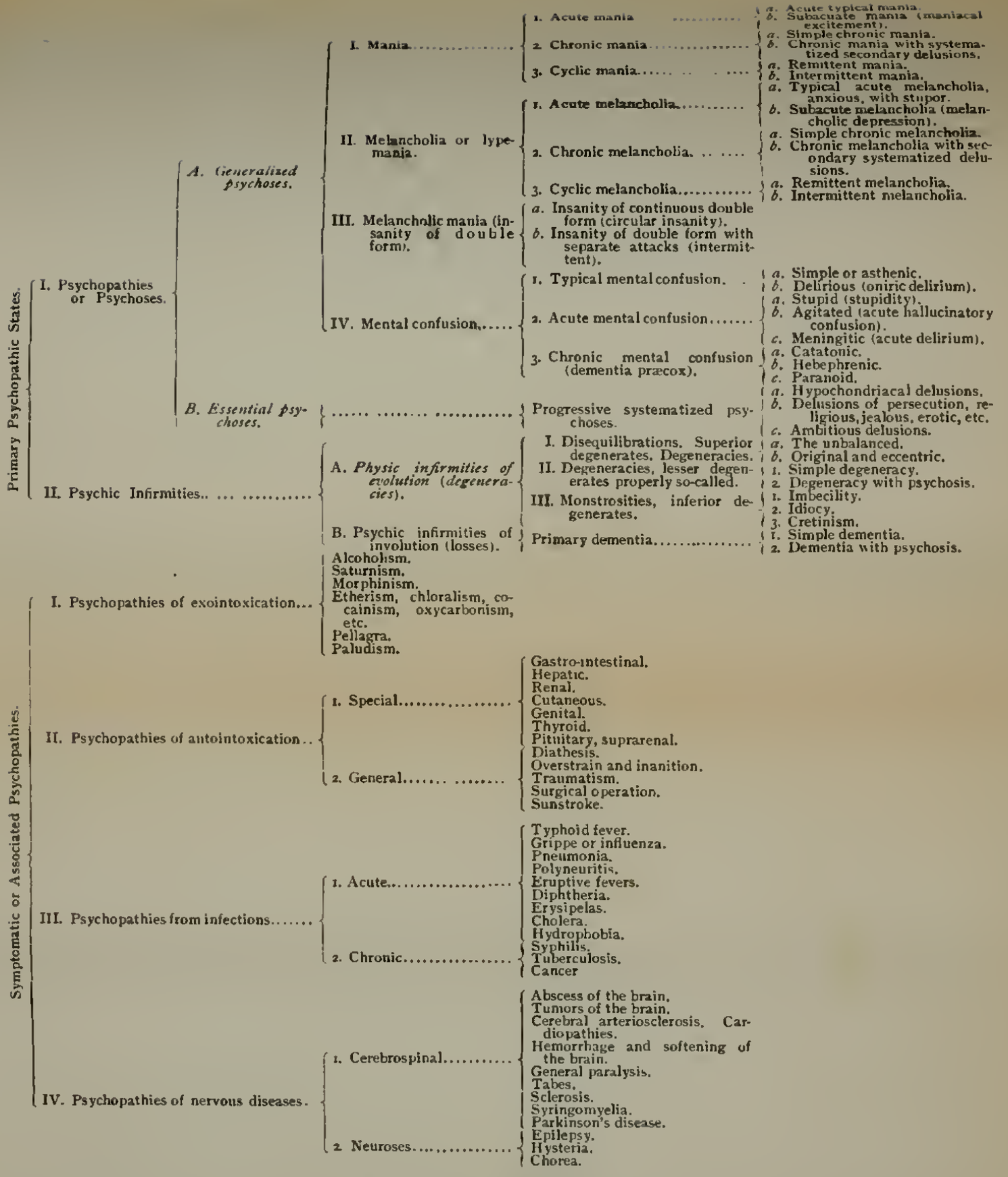
3. Mental Confusion

As with mania and melancholia mental confusion is a generalized psychosis. But in certain forms one may note peculiarities which are interesting for our study. Among these is "a condition of toxic dulness of the superior intellectual activity with a more or less complete domination of the subconscious or unconscious dream activity.

[1] Simple melancholic depression, moral hypochondria, misanthropic melancholia, anxious melancholia, aboulic melancholia.



Folder for Semi-Insane. To be inserted between pages 154 and 155.



Folder for Semi-Insane. To be inserted between pages 154 and 155.

Intellectual torpor, automatic revery, are essential symptomatic elements of this condition. . . . It will be seen that in proportion to the degree that the conscious psychic activity is dull, the dream activity or the dream state, freed from its controlling elements, comes into play and tends to predominate." The dream delusions (delirium) of which I have spoken (page 112) constitute one of the clinical forms of this mental confusion.

4. Progressive Systematized Psychoses

I have already spoken of the systematized delusions that remain after either mania or chronic melancholy. There is also a progressive systematized psychosis which in its milder or initial forms may belong to semi-insanity.

"The affection more often starts with a sense of intellectual discomfort (Lasègue), or moral hypochondria, that is to say by abnormal sensations which begin by astonishing the individual, drawing his attention to them, and leading him to analyze his condition. . . . The patient is disturbed out of all proportion to the condition of affairs; he examines himself, scrutinizes attentively all the sensations that he feels, and believes that a change is taking place in him which will become worse. The thing that seems the strangest to him is that in addition to the physical troubles which annoy

him he feels as if his intelligence were going to pieces; his mind works in spite of himself, he is no longer the master and able to direct it. That automatic part of his being sometimes becomes so strong that his thought is externalized and seems to be more or less consciously projected outside of himself. . . . Soon, by a natural tendency of his mind, which differentiates him from all other aliens, he begins to look for the cause of his troubles not in himself, but outside of himself. . . ."

From this moment the patient no longer belongs to us. He is no longer a semi-insane, he is insane.

5. Disequilibration. Superior Degenerates

The degeneracies or infirmities of evolution represent the anomalies (rather than the diseases) of the psychic organ. These are not "simply accidents of psychic life"; they are "real, true, original defects, bearing more often on the whole race; that is to say, they belong rather to families than to individuals." Régis divides them into three groups (see accompanying table).

Disequilibrations form, so to speak, the transition between the normal state and the pathological state. They are the real border-land in which are found persons who, altho intelligent and sometimes even brilliant, are, nevertheless, lacking in some points, and who have certain defects which

may be exprest by a lack of harmony and balance between their various faculties and propensities.

In this domain, which is really the great field of semi-insanity, Régis distinguishes: 1, The unbalanced; 2, The original and eccentric.

1. *The Unbalanced.*—From childhood they draw attention to themselves by their precocity, their quickness in taking hold of everything and understanding it, and at the same time by their whims, their headstrong ways, their cruel instincts, their violent and convulsive attacks of anger. At the time of puberty they often show passing attacks of excitement or depression with exaggeration of certain psychic or passional tendencies (mysticism, onanism, vague sexual longings, desire to travel, to do brilliant deeds, etc.). When they become men they are queer, complex, heterogeneous individuals, made up of contradictory qualities and faults and a combination of badly proportioned elements. They are often as highly gifted in one line as they are lacking in another. From the intellectual point of view they sometimes possess the faculties of imagination, invention, and expression in a very high degree; that is to say, they are gifted in speech, in the arts, and in poetry. The things that are lacking more or less completely are judgment, right-mindedness, and, above all, con-

tinuity, logic, and unity of direction in their intellectual achievements and in all acts of life.

The result is that in spite of superior qualities these individuals are incapable of behaving themselves in a reasonable way, of regularly practising any profession, even tho it be below what they would seem to be capable of, of watching over their own interests and those of their family, of succeeding in business, or of directing the education of their children. This is so marked that it seems as tho their whole life had been nothing but a contradiction between an apparent richness of means and poverty of results. They are the utopians, the theorists, and the dreamers who are taken up with beautiful ideas, but who never accomplish anything. In addition to their mental lack of balance these individuals show either excessive emotional sensibility, or, on the other hand, an absolute lack of sensibility; they also show diminution or absence of affective sentiments, perversion or lack of moral sense, aboulia with visible predominance of sponaneity over reflection and volition. Hence arise their mobility, their instability, their irresolution, their alternate attacks of apathy and activity, excitement and torpor, their violent fits of enthusiasm and their depths of despair over the slightest and most trifling things.

2. *Originals and Eccentrics.*—In a greater degree

of lack of equilibration these patients show peculiarities and eccentricities.

"These people are what the public would describe as 'a little off' on some one subject; they either have some peculiar habit, or wear some odd style of clothes, or have a queer manner of wearing their hair, or of walking or writing or speaking. It may be either a strange gesture, a form of speech, a tic, or a grimace. The eccentricity is often shown by an imperious or obsessional tendency which drives the subject along some intellectual or moral line of action to the total exclusion of any useful or practical occupation; as, for example, to surround oneself with birds, or flowers, or cats; to collect uninteresting objects, particularly articles of wearing apparel, such as cravats, hats, footwear, or wrappers of every style and color, or to be absorbed in researches and calculations and ridiculous inventions, or else they have peculiar emotions, unconquerable aversions or attractions for such and such an animal or such and such an object. Excessive prodigality, sordid avarice, religious and political exaltation, erotic tendencies in every form, perversions, mystic rites of the most peculiar nature, spontaneous lying, a spirit of intrigue and duplicity, a passion for gambling and for drink, hypochondria and misanthropy—all these are tend-

encies which are frequently found in those individuals whom the public popularly designate under the name of freaks, crazy fellows, and slightly cracked."

They, with those who follow immediately this clinical group, are sufficient to prove the existence of the semi-insane.

6. Degeneracies Properly so-called. Lesser Degenerates

1. *Simple Degeneracy.*—Simple degenerates are generally noticeable "for the slowness with which their intellectual evolution works; their instruction is rarely complete, and they are, for the most part, obliged to give up their studies. They may possess, but to a lesser degree than the unbalanced, some brilliant qualities, or distinguished abilities, or truly artistic nature, but the thing that marks them is the profound lapses in judgment and moral sense, a mobility of ideas and extraordinary sentiments, an almost impulsive leaning toward eccentricity, cheating, excesses, violence, and sometimes dangerous acts. They are combinations of good and evil, susceptible in the same degree of affection or hatred, of selfishness or generosity, of honorable or malicious actions. They are sometimes charming in their physical and personal manner, with a quick and lively wit, ease in expression,

and excellent memory. But, on the other hand, they reveal their inferiority and their incapacity in serious things, in their manner of living and of behaving themselves." In a word, their intelligence, as Marcé has said, is *an instrument which lacks a certain number of strings.*

2. *Psychoses of Degenerates.*—On this common ground of degeneracy we sometimes see developed insanities, which, at least in certain of their milder forms, or initial periods, belong to semi-insanity. I will quote two examples: reasoning systematized delusions, or the persecuted-persecutors, and reasoning psychosis, or moral insanity.

a. Reasoning Systematized Delusions, or the Persecuted-persecutors

"The delusion is a connective coherent theme which appears to be true according to the false or wrongly interpreted starting-point, but which is eminently logical in its deductions. . . . It appears, whatever may be its form, as claims which are more or less chimerical but persistent and tenacious, and very frequently dangerous. . . . The insane of this class have been ranked among the *reasoning* insane on account of the persistence of their lucidity and the logical character of their dream. They have also been called *persecutors* by reason of their absolutely characteristic tendency

to carry their point by the most violent means. The public, easily deceived by appearances, often takes them for victims who have been irritated by injustices. They are selfish, proud, wicked, eager for notoriety and scandal; their delusion, which is the more dangerous as it has a greater verisimilitude to fact, is less often recognized, and drives them to the most outrageous adventures and the most serious attempts." Following this general description Régis studies five principal varieties.

Persecuted.—"A soldier, a priest, or an employee may be the object of a reprimand or disciplinary punishment by reason of his lapses of conduct or his professional breaches. Instead of accepting the punishment his pride rebels against it, he cries out against the injustice, and poses as a martyr; this is a type of the persecuted man, but from the beginning he himself becomes a *persecutor*. He protests, recriminates, implores so loudly and so strongly that his position is changed or he is discharged. He sees in this only a fresh source of grievance, and his pathological hatred feeds on it. Henceforth, his claims know no limitation; he institutes one proceeding after another, addresses complaint upon complaint to the authorities. He draws up long justificatory documents, writes to the daily papers, puts up placards, and calls the attention of the public to his cause. Ex-

asperated by his lack of success, hard pushed by misery, and tormented by his fixt idea, he passes from complaints to threats, and from threats to an attempt at crime. Sometimes such individuals draw a revolver in the Chamber of Deputies as a Minister or the Chief Executive passes by, declaring that they wished to attract attention to themselves, and to get justice (the false regicides of Régis); sometimes they kill some one, either their supposed enemy or an unknown person, with the object of being dragged before the tribunals where they can at last bring their grievance before the public. . . ."

The Ambitious and Inventors.—The characteristic of these is "that their claims do not have reparation for an offense for their object, but the recognition of an invention, or fortune, or of a title for which they are contestants. . . . They imagine that their invention has been stolen from them, that they have been deprived of the fame or the fortune which ought to have come to them. They persecute governments, administrations, or individuals with their claims and threats."

Litigants.—An accidental cause of delusion, says Krafft-Ebing (quoted by Régis), "is a lawsuit in which the patients have lost their cause, or in which their pretensions, which in their opinion are legitimate, but which are in reality audacious, have

been rejected. . . . Instead of recognizing that their cause was destined to failure because of its injustice, the patients, full of defiance, attribute the cause of their failure to the partiality and corruption of the judges. . . . Their demands for redress become more and more voluminous, their requests and their denunciations are loaded with invectives and insults against the honor of the functionaries. . . . They believe themselves to be martyrs and dupes; the whole judicial proceeding was nothing but a vile comedy. . . . They make assaults upon the court officials, and call the magistrates and the highest dignitaries of the state such names as rabble, thieves, perjurers."

A few years ago, in a church at Montpellier, a litigant killed a notary who was absolutely innocent of any misdeed against him. Another instance of this kind is as follows: There appeared in *Le Matin* of June 30, 1906, under the title "Eighteen Years in Captivity," the romance of Mlle. R., a young woman who was the victim of a notary, a tribunal, and a prefect, and who was shut up in an insane asylum with her sister whom she saw die of grief. She escaped, was shut up again, and recovered her liberty after a long martyrdom.

Along with litigant delusions, and as a subvariety of the same, Régis quotes the reasonable

delusion of dispossession[1] (Pailhas, Régis), and the delusion of claims (Cullerre). . . .

The Erotic and Jealous.—I have already spoken at sufficient length (pages 87 and 88) on this type, which is easy to understand.

Patients with Mystic and Political Delusions.—To this group belong "certain badly balanced devotees, . . . who, under the influence of more or less imaginary griefs, accuse, pursue, threaten, and sometimes even attack the priests, the religious, or the dignitaries of the Church," and chiefly those "ecclesiastics who rise against their superiors, and spend their lives attacking them." Such was the Abbé Verger, who assassinated Mgr. Sibour. Along with these persecutory mystics there are ambitious mystics, "the founders of sects or religions."

The political persecutors are also persecuted (the lawyer Sandon) or ambitious (regicides). Régis has made an excellent study of these latter from the time of Jacques Clément and Ravaillac, the assassins of Henri III. and Henri IV., to Caserio, Luccheni, and Bresci, the assassins of President Carnot, the Empress Elizabeth of Austria, and King Humbert.

[1] When their possessions are expropriated these patients "refuse to accept the verdict and consider that they have been unjustly despoiled and are still the legitimate proprietors. They give way to more or less violent claims in the defense of their so-called rights."

b. Reasoning Psychosis. Moral Insanity. Perverts

These patients are distinguished from the preceding "by this fact, that they only occasionally have delusional ideas properly so-called, and that the defect in their organization is chiefly exprest by perversions of their sentiments and their affections. These are individuals who, with all the appearances of judgment and reason, nevertheless let themselves go in a perfectly unconscious and often paroxysmal manner to such lengths in their conduct as to perform inconsequential and extravagant acts, and even truly pathological immoralities" (the morally insane).

From childhood, says Arnaud, "they are jealous, rancorous, and vindictive, they try to do harm to those of whom they feel they have reason to complain, and they are quite capable of craftily and patiently preparing their vengeance which they will wreak with ferocity. They delight to torture animals, and hurt their weaker comrades. At school . . . instead of working they spend their time in tormenting their masters, in stealing from their school fellows, and denouncing them whenever they have an opportunity, or even accusing them without reason; they are thus sent away from all institutions."

Puberty "is often the starting-point of a verita-

ble sexual excitement appearing as impulsions, and sometimes even in the form of perversions and aberrations. Later, these patients give themselves up wholly to vagabondage, gambling, stealing, alcoholic excesses, and debauchery. They perform their military service in a deplorable manner and are nearly always brought before a court martial or the disciplinary body. . . . They are incapable of following any steady profession or of earning their livelihood; always without money, they draw upon their relatives to satisfy their impulsive passions, either by threatening them or doing violence, and sometimes even going as far as parricide. . . . Nevertheless, for the most part, their intelligence, properly so-called, is fairly well-developed and cultivated, and sometimes even makes a brilliant appearance."

These are they whose moral sense is anesthetic (Ballet), moral daltonism (Maudsley), the morally blind (Schule), the moral idiots (Arnaud), "the real moral degenerates, in whom one may observe with the greatest clearness these characteristic psychic stigmata, and which may be summed up almost entirely in the words: amorality, inaffectivity, inadaptability, impulsivity."

The perverts belong to the same group.[1] They

[1] Marandon de Montyel: "Les Pervers," Journal de Neurologie, 1906, t. xi., p. 181.

have already been described by Pinel, 1806, and are those in whom Esquirol, 1836, found a morbid trouble which, "instead of bearing on the intellectual and moral faculties taken as a whole, attacks only a small number of certain faculties, and does not touch the others"; in others, "the ideas preserve their natural connections and associations, the reasoning is logical, but their actions are contrary to their affections and their interests as well as to social customs."

Following Morel (1869) Marandon de Montyel regards these subjects as *abnormal adults*, abnormal in morality and will, just as there are children who are abnormal in intelligence.

The pervert, he continues, "is both unstable by reason of unbalanced faculties and deficient. He is incapable of attention, of reflection, and of perseverance in anything except to do evil; for when it comes to wrong-doing he can meditate, persevere, and display great resource. . . . Nearly all are *idiots of volition*, according to Ribot's witty and apt expression; their intelligence is normal, their passions, appetites, and needs are normal; it is only volition, or strength of will that is lacking." The thing that characterizes these subjects is a "notable weakness or even an absolute lack of the power of control" of the superior brain over the passional and instinctive desires. "The result is

that they are the slaves of their passions, their instincts, and their necessities."

However, Marandon de Montyel concludes that the pervert is not insane; when he is shut up in an asylum it is really a case of arbitrary sequestration; they are perfectly well aware of the illegality of such an act, and when they want to come out they know how to appeal to the authorities and do so with cynicism. There is an incalculable number of them who, without shame, will tell us that we may treat them like "dirty fellows," but that we are wrong in declaring them insane and that their place is not among madmen; and in speaking thus, they tell the truth.

7. Inferior Degenerates, Monstrosities, Imbeciles

Imbeciles have only a more or less restricted degree of intelligence; it is with difficulty that they can really learn how to read, write, or count; they are able to acquire a slight and superficial acquaintance with everything, but they are incapable of a correct and continuous line of conduct, and of doing anything seriously. However, certain of them may draw attention to themselves, as in the case of the weak-minded, but to a lesser degree, by more or less brilliant artistic aptitudes, or wonderful quality of memory, or imitation, and some-

times also by a certain mental vivacity, a quickness and sharpness of repartee which always give them the last word, and brings the laugh to their side. . . . From the moral point of view the deficiencies are perhaps still greater than in the domain of intelligence, and, if these patients are able to show, in various degrees, sentiments and affections a little more elevated, it is chiefly the inferior sentiments and lower instincts which rule them. The greater number are vain, gluttonous, cowardly, credulous, lazy, irascible, and inclined to venereal or alcoholic excesses, and to acts of violence (Marcé); nearly all give themselves over to onanism, and some few even to practises against nature. At certain times they may be taken more or less suddenly with attacks of depression or of excitement, during which they commit chiefly obscene acts, or give themselves up to burning, thieving, suicide, or homicide.

8. Epilepsy. Mental Condition of Epileptics

Epilepsy is a type of disease in which one can sharply distinguish and separate the periods of insanity from those of semi-insanity.

During the attack (whatever may be the clinical form, classic, procursive, etc.), the insanity is complete, and there is no need for me to describe it here any more than as an epileptic psychosis (true

insanity of non-convulsive or convulsive epilepsy, epileptic dementia).

I need to mention only what has been described under the name of the *mental state of epileptics.*

According to Régis, it is principally in the character and mood of a patient that these peculiarities are found. There are two classes of epileptics under this division. On the one hand, they are somber, taciturn, defiant, suspicious, always ready to fly into a passion, to hurt people, to become enraged, and to strike; on the other hand, they are contrary, obsequious, obliging, wheedlesome, full of effusion and gentleness. But these differences refer only to their external disposition. In reality, epileptics are all, or nearly all, irritable, subject to attacks of anger, and sudden violent and furious transports of rage, during which time they do not, as it were, belong to themselves. This irritability is the key-note of their character. Many have, in addition, vices and perverse instincts; many are greedy, violent, liars, masturbators, and erotic. They frequently have a tendency to sickly piety or a sort of excessive religiousness mixt with hypocrisy.

9. Hysteria

There is a hysterical insanity, which is a complication, and with which I have nothing to do here.

But in the majority of non-insane hysterics there

are psychic stigmata which often place them among the semi-insane.

In these cases hysteria is nearly always a psychic disease (Charcot), but it is not a mental disease; it is only a polygonal disease, a disease of the inferior psychism, leaving intact, or nearly so, the superior psychic functions.

This is the thought which I have developed with Rauzier[1] in 1894 in defining the cortico-cerebral formula of this neurosis. The hysterical person often assists, with the remnant of his conscious personality, the pathological shamelessness of his subconscious personality. But he knows that it is pathological. He does not believe that it could happen.

Pierre Janet understood this well when he said: "All mental diseases can not be confused one with another. The hysterical patient is not really insane in the same way that the others are." Not only is he not insane in the same way as the others, but more often he is not insane at all. He is simply semi-insane.

Régis includes in this group of elementary psychic disturbance of hysterics the mental state in hysteria, subconscious fixt ideas, and dream hallucinations.

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[1] "Traité Pratique des Maladies du Système Nerveux," 4th edit., 1894, t. ii., p. 807. See also "Leçons de Clinique Médicale," 3d series, p. 230, and "Hypnotisme et Suggestion," p. 24.

1. *Mental State in Hysteria*

"From early years the future hysterics are for the most part young girls of great intellectual vivacity, extremely precocious, impressionable, coquettish, trying to call attention to themselves, ready in pretenses and falsehood, and subject also to nocturnal terrors, dreams, and nightmares. Once hysteria is established the mental and moral condition of its attributes are principally characterized, on the intellectual side, by an excessive mobility which renders the patients incapable of any spirit of consecutive work or any definite idea, and that while they may be capable of displaying cultivated, brilliant, and often witty intelligence they are absolutely incapable of carrying on any serious line of work. With that there is a very manifest tendency to contradiction, to controversy, to paradoxical ideas, and to all opinions and theories which can support them and put them in evidence and also to imitation, suggestibility, and to autosuggestion. Morally the condition is the same. The character is queer, capricious, fantastic, and excessively mobile; the sensibility is very lively and out of all proportion to events; there are perpetual and sudden changes in the feelings and affections, irrelevant enthusiasms, duplicity, lying, a propensity to dissemble, deceive, and fabricate;

cheating, a sudden and unseasonable propensity to commit the most perverse and the most criminal acts, as well as deeds of bravery of the most brilliant and praiseworthy character. There is a constant desire for change and for making a show, to occupy the interest of the neighborhood, the public, and the press, and in consequence to do things theatrically, or to weave the thread of some inextricable romance; there are habitual dreams, images, living and mystical in type, erotic, professional, animal-like, quite analogous to those of alcoholics, and often lingering during the waking life (Pitres, Escande de Messières, Tissié, etc.). All these troubles, whether they are completely united or, what is more frequent, appear only in fragments, reveal, in fact, an absolute lack of equilibrium in the hysterical person; they are nearly always exaggerated at the time of any of the great events of existence, chiefly in the important processes of genital life, such as pregnancy, menstruation, and the menopause. In man they are ordinarily associated with symptoms of neurasthenia" (Charcot, Colin).

2. *Subconscious Fixt Ideas, or Polygonals*[1]

"These fixt ideas," says Régis, "which arise either by night or day in the subconsciousness of the subject and which are not associated with his prin-

[1] "Le Psychisme Inférieur," p. 187.

cipal personality, and which, as Grasset would say, are 'of polygonal origin,' nevertheless exert a powerful influence on the psychic life of the subject without his being able to point out the cause of the psychic perturbations which are produced."

In order to reveal these fixt polygonal ideas one must detach the inferior psychism by putting the subject into some one of the known conditions of subpolygonal disaggregation, that is to say, that his fixt idea will be revealed in a moment of distraction, or during sleep, or by automatic writing, or, better still, by an attack of spontaneous or provoked somnambulism. Hypnotism is the best way of disclosing them. Pierre Janet has given a great many examples of such. Thus this author cites an anorexic who threatened to starve herself to death, and of whom it was found out in hypnotic sleep that she was haunted by apparitions of her mother who told her to join her in heaven, and to accomplish this to die of hunger. She was cured by suggestion.

These fixt polygonal ideas are often found connected with various symptoms of hysteria; dysesthesias, when everything has the smell of ether or of fish; hyperesthesias, when the sensorial attention is localized and concentrated on certain points, or when contact with the skin is possible, or insupportable, according to the point of contact. . . .

Many tics, choreic movements (coughs, hiccoughs, laughing, and trembling) represent bad habits formed under the influence and depending on constitutional polygonal ideas. Thus a cough will become established after a sore throat or a cold, with barking in imitation of a dog or as a jest.

3. *Dreamy or Polygonal Hallucinations*

These hallucinations are produced either at night, in the intermediate condition between waking and sleep, or in the dream state, either by day or in an analogous condition. They consist chiefly of visions, in the form of colored moving apparitions, but often they may affect one sense only, or several senses at the same time, particularly the genital sense. To this type belong many dream-like mystic hallucinations (ecstasy, ravishment, possession, and incarnation).

10. Neurasthenia and Psychasthenia

I ought, in closing, to mention the disease which Pierre Janet[1] has described under the name of psychasthenia and which is a depressive psychic form of neurasthenia.

According to Janet, psychasthenia is a psychoneurosis that borders closely upon neurasthenia

[1] F. Raymond and Pierre Janet: "Les Obsessions et la Psychasthénie," 2 vols. Paris, F. Alcan, 1903.

and perhaps on certain forms of paranoias; it is placed between epilepsy and hysteria. All these psychoneuroses are characterized by an inadequacy of cerebral functioning, a vague condition of dulness or of intoxication. . . . In psychasthenia the fall of mental tension is much more sudden, less profound, and more prolonged than in epileptic attacks; it never reaches the point of narrowing the field of consciousness, nor in a localization of certain points as in hysteria. In this psychoneurosis the mental tension seems to remain generalized and to determine a simple lessening of the degree of perfection in all operations of the mind and a diminution of the power of adaptation to reality. The functions which are most disturbed are those which bring the mind into contact with realities—attention, will, feeling, and emotion adapted to the present. Other functions seem to remain intact, and they thus show themselves to be inferior; these are general intelligence and language, exaggerated and incoordinated emotions, badly adapted and partly automatic movements. This diminution of the psychological tension brings about mental discomfort, a condition of uneasiness, feelings of incompleteness which in proportion are the stronger as the subject the better preserves his intelligence.

Under the influence of this exciting inquietude

and by reason of the suppression of the superior phenomena the inferior phenomena are greatly exaggerated and give rise to tics, to motor agitations, distressing emotions, and a great variety of mental ruminations. Finally, ideas are formed according to the circumstances which sum up and interpret all these troubles, and the ideas thus formed continue to present the characteristics of the preceding mental condition; they are permanent and obsessive because they summarize and express a permanent condition; they have no ending; they do not give birth to true delusional convictions, but they preserve the form of haunting dread and ruminations. . . .

Dutil[1] thus sums up the *mental neurasthenic condition:* "a weakening of the psychic faculty and principally of the will, a habitual disposition of the mind to sadness, pessimism, or hypochondriacal preoccupations, a defect in resistance to sensations and moral impressions, an exaggerated emotional condition, a state of apathy varied by bursts of ill humor or anger, in a word, a conscious diminishing of moral personality. . . ."

CONCLUSIONS

In this long and yet insufficient chapter I have endeavored to establish the fundamental thesis of

[1] Dutil: "Traité de Pathologie Mentale de Gilbert Ballet," p. 842.

this book; the existence of the semi-insane, who without equal error and injustice can not be classified either among the insane or among normally psychic individuals. They are distinguished from healthy minds in the fact that they are *psychically diseased*, and they are distinguished from the insane in that they preserve a certain degree of consciousness and of reason. Some of these patients become insane later, or have been so before. Semi-insanity is then only a period of their history. Some are cured, and they also are only semi-insane for a time. Others, on the contrary, pass their whole lives without ever having been at any time either wholly rational or wholly insane.

It is difficult to indicate for such a vast and complex group any single medical characteristic. We might say, however, that in the semi-insane there is a weakening of the superior psychism and a non-controlled functional hyperactivity of the inferior psychism. It is thus that the doctrine of the distinction of the two psychisms (superior and inferior) seems to me naturally to throw light upon and to facilitate the medical study of the semi-insane.

CHAPTER IV

Social Value of the Semi-insane

I. Generalities.

Difference between the insane and the semi-insane from the standpoint of their social value.

Thesis to be established: The semi-insane may be intellectually superior.

II. Psychic Defects in the Intellectually Superior.

1. Socrates and Pascal.
2. Auguste Comte and Saint-Simon.
3. Contemporary Russian Novelists: 1, Gogol; 2, Dostoiewsky; 3, Tolstoy; 4, Garchine, Pomialovsky, Gorky.
4. Intellectually Superior French People: 1, Guy de Maupassant; 2, Villemain; 3, J. J. Rousseau; 4, Gérard de Nerval; 5, Flaubert; 6, Baudelaire; 7, Alfred de Musset; 8, Bernardin de Saint-Pierre; 9, André Gill, Charles Bataille, Jean Duboys; 10, Salomon de Caus, Voltaire, Molière, Condillac, Descartes, Montesquieu, Buffon, Santeuil, Crébillon, Ampère, d'Alembert, Lagrange, Chateaubriand, Enfantin, Villiers de l'Isle-Adam, Barbey d'Aurevilly, le Sar Peladan, Cujas, Bossuet, Bourdaloue, Malherbe, Napoleon; 11, Zola, the Goncourts; 12, Arthur Rimbaud, René Ghil, Mallarmé, Huysmans; 13, Balzac, Diderot; 14, Mmes. de Staël, Récamier, du Deffand, de Chaulnes, de Lamballe, du Châtelet, de Lespinasse; 15, Victor Hugo, Charles Nodier, Alexandre Dumas *fils*; 16, de Chirac, Glatigny.
5. Intellectually Superior Foreigners: 1, Tasso; 2, Nietzsche; 3, Schopenhauer; 4, Swift; 5, Hoffman; 6, Edgar Poe; 7, Thomas de Quincey, Lord Erskine, William Wilberforce, Coleridge; 8, Haller, Jérôme Cardan; 9, Newton; 10, Zimmerman, O'Connell, Munkaczy, Watt, Manzoni, Oliver Cromwell; 11, Goethe, van Helmont, Weber,

I. GENERALITIES

IN the preceding chapters I think I have shown the legal existence of the semi-insane in neurological medicine, and to have indicated by the same description that if the semi-insane people are to be distinguished from rational people in that they are diseased, on the other hand, they are not patients like the insane, and that one must beware of the widely spread error which confuses the insane and the semi-insane. The insane man is nothing but a patient, and as a result he needs a physician and a hospital. The semi-insane man, on the other hand, may have, and sometimes does have, an important social rôle to fill; he has a social value which must be recognized, and of which it would be very wrong to deprive him.

All that I have said in the preceding chapter shows clearly that in the semi-insane man the whole of the psychism is not atrophied, degenerated, or diseased. There are inequalities in the development of his various psychic senses. Cer-

tain of them are weakened, and certain others may be more active, and even more brilliant, and render more service to society than other more weighty and better-balanced brains which are considered more normal. In the present chapter one might quote as an epigram this tirade on the semi-insane by Jean Richepin:

"Some one has watered the seeds I have sown,
Not in vain, not in vain, have I passed here below;
From the visions I die for some blossoms will blow.
O pitiful men in your valley of tears,
Trust the beauty of life and banish your fears.
These flowers from Heaven will do you more good
Than the actual blessings of every-day food.
Yet you weed out these wonderful blossoms of life.
That is why in a world full of evil and strife
A strain of rapt madness will often revive
The seed of the gods that is barely alive.
You have hounded this madman, and stricken him dumb!
Never mind, he has sown, and his harvest will come."

If in certain periods and in certain countries there have been foolish people who have not been locked up, and whom others have not scoffed at, but who have been surrounded by strange veneration, and who have been looked upon as superior beings, beloved of heaven, possest and inspired by the gods (like the Pythian Oracle of Delphi), these were semi-insane.

The epileptics whose disease the ancients called *morbus sacer* were semi-insane. If Erasmus had lived four centuries later he would not have written

his "Eulogy of Madness,"[1] but rather a "Eulogy of Semi-insanity." It was semi-insanity that Anatole France wished a little grain of for those he loved.[2]

The insane man is never anything but diseased, harmful, or at least useless to society. The semi-insane man is often an eminently useful, sometimes even a "superman."[3]

This is the idea which Tchekhof[4] expresses ("ordinary men are the only ones who enjoy normal health"), and Nordau[5] ("the Philistine is a wholly successful fool").

The thesis to be established, therefore, is this: The semi-insane may be superior individuals from the intellectual point of view. This is a different

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[1] Erasmus makes Folly say, in her descriptions of Love and Wisdom: "Women can only give pleasure to men by their folly, that all feasts would languish if they were not animated by folly; all things are of such a nature that the more they contain of folly the more they make men go on loving. Everything that is done for man is full of folly."

[2] "Nullum magnum ingenium sine mixtura dementiæ" was an adage among the ancient wise men (Lauvrière).

[3] "In the realm of the sensations the neurasthenic is superman." Arvède Barine: "Essais de Littérature Pathologique; I, le vin, Hoffman; II, l'opium, Thomas de Quincy; III, l'alcohol, Edgar Poe; IV, la folie, Gérard de Nerval." Revue des Deux Mondes, November, 1897.

[4] Anton Tchekhof: "Le Moine Noir," Revue de Paris, 1897, vol. iv., p. 449.

[5] Max Nordau: "Dégénérescence," Bibliothèque de Philosophie Contemporaine, trad. Auguste Dietrich, 1894, 2 vols. Paris, F. Alcan.

point of view from that on which one stands when we study the relationship of intellectual superiority to the neuroses.[1]

From the point of view of the present chapter there is no need for me to establish the fact that intellectually superior people are more often neurotic than mediocre people, and I thus escape the objection which Emile Faguet has made: that nervousness appears more frequently in men of genius in which case it is more easily noticed in them.

This matters little to me here; it is enough for my actual thesis to show that many intellectually superior people present psychic defects which make them semi-insane; from whence I deduce this conclusion—the semi-insane often have great social value.

II. PSYCHIC DEFECTS IN THE INTELLECTUALLY SUPERIOR

There are many, perhaps too many, documents which permit us to establish the existence of more or less serious psychic defects in many people of superior intellectual qualities. I have drawn chiefly from the works of Moreau de Tours[2] and

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[1] "Superior Intellectuals and the Neuroses," Leçons de Clinique Médicale, 4th series, p. 683.

[2] Moreau de Tours: "La Psychologie Morbide dans ses Rapports avec la Philosophie de l'Histoire ou de l'Influence des Névropathies sur le Dynamisme Intellectuel," 1859.

of Lombroso,[1] and the *Chronique Médicale* of Cabanès. I shall also quote the works of Réveillé-Parise,[2] Henri Joly,[3] Regnard,[4] Wechniakoff,[5] Gelineau,[6] Max Nordau.[7]

Many of these authors (Henri Joly and Regnard chiefly), and quite recently Etienne Rabaud,[8] have insisted on this very sound remark: that this documentation and particularly that of Lombroso is not sufficiently controlled. With Lanson we can not help, in fact, regretting "the lightness with which these men of science receive facts of biography on which they build their theories," and we

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[1] Cesare Lombroso: "L'Homme de Génie," traduction française (2d edit., sur la 6ème edit. italienne) de Colonna d'Istria et Calderini. Préface de Charles Richet. Bibliothèque d'Anthropologie et de Sociologie. Also an English translation, "The Man of Genius."

[2] Réveillé-Parise: "Psychologie et Hygiène des Hommes Livrés aux Travaux de l'Esprit ou Recherches sur le Physique et le Moral, les Habitudes, les Maladies et le Régime des Gens de Lettres, Artistes, Savants, Hommes d'État, Jurisconsultes, Administrateurs," etc., 1834, 2 vols.

[3] Henri Joly: "Psychologie des Grands Hommes," 2 edit., 1891.

[4] Regnard: "Génie et Folie. Refutation d'un Paradoxe," 1899.

[5] Theodore Wechniakoff: "Savants, Penseurs et Artistes, Biologie et Pathologie Comparées," publié par Raphael Petrucci, Bibliothèque de Philosophie Contemporaine, 1899. Paris, F. Alcan.

[6] Gelineau: "Penseurs et Savants. Leurs Maladies. Leur Hygiène," Préface de Cabanès, 1904.

[7] Max Nordau: "Psychophysiologie du Génie et du Talent," trad. Auguste Dietrich, Bibliothèque de Philosophie Contemporaine, 4th edit., et "Dégénérescence," même trad., même bibliothèque, 2 vols., 1894. Paris, F. Alcan.

[8] Etienne Rabaud: "Le Génie et les Théories de Lombroso," Revue des Idées, 1905, p. 649.

repeat with Paul Bourget that we can not help doubting these anecdotes, but I believe that there is a group of observations which have been made with a care sufficient to establish the thesis which I have just exprest.

I. Socrates and Pascal

"The object of this book," said Lelut[1] at the head of the second edition of his book on Socrates, "is first of all to show in a general way that he had such a quality of mind as might last through a whole life; to appearances, or rather to the realities, of a most complete and powerful reason there were joined false perceptions, without any cause in the outer world, and which, for the individual which experiences them, are motives of determination, identical with and equivalent to perceptions which are perfectly real."

"Socrates went into ecstasies which were almost cataleptic fits. This was what happened to him at the siege of Potidæa. Soon these ecstasies took on the character of more decided hallucinations which were shorter but more frequent: hallucinations of general sensation sometimes internal and sometimes external; hallucinations chiefly of hear-

[1] L. F. Lelut: "Le Génie, la Raison et la Folie. Le Démon de Socrate. Application de la Science Psychologique à l'Histoire," 1. édit., 1836; 2. edit. (avec une nouvelle préface), 1855.

ing and probably also of sight. Socrates no longer doubted the help of his Demon or of his God. . . . At table, or in the streets of Athens, or in the camps he would suddenly stop short, sometimes without apparent motive. At other times on the occasion of a sneeze, either by himself or one of his neighbors, he would act, or would not act, according to whether the sneeze had taken place on his right hand or on his left. But he would always stop if he had heard the voice of God. . . . These false perceptions, or these hallucinations of Socrates, which he took for the inspiration of his familiar Demon, grew in proportion as he advanced in age, and his belief in God which they gave to him also increased. He ended finally by persuading himself that by reason of this divine existence he was able to exercise even at a distance a favorable influence on the young people who followed him, and to lead them, by this sort of moral magnetism, to that reformatory end which he was striving to bring about. Socrates thus lived during his whole life, without doubt playing the part of the martyr, but none the less the exponent of reason, philosophy, and virtue in spite of his hallucinations."

From his earliest years Pascal[1] "could not stand

[1] Lelut: "L'Amulette de Pascal pour Servir à l'Histoire des Hallucinations," 1846.

seeing water without falling into a perfect fit of passion, and . . . he could not bear to see his father and mother near each other." At one year of age he fell into a languorous condition like that which one has described in Paris under the name of "going into a decline" and almost died. His parents were persuaded that a sorceress had thrown a spell over him. She acknowledged this, but consented to "cast the spell" on a cat, which she threw out of a window, and it was killed. Then, when he was a child less than seven years of age, the sorceress gathered nine leaves of three different kinds of herbs before sunrise, and made a poultice of them which they laid upon Pascal's abdomen, and he "was entirely cured and began to regain his good health." [1]

"At ten years of age, on the occasion of a noise from a plate, he created a sort of acoustic theory; at twelve he discovered the geometry which had been hidden from him. At fifteen he wrote a treatise on conic sections, which Descartes refused to believe was the work of such a young mind. He was such a remarkable prodigy that one evening, after a comedy played by actors of his own age, the Duchesse d'Aiguillon pointed him out to Cardinal Richelieu as being already a great mathe-

[1] This anecdote is related to show the neuropathic heredity of Pascal.

matician!" At the same time his sufferings began, which never ended. He once said "that from the time he was eighteen years of age he had never spent a day without pain."

At twenty-four years of age (1647) "he was afflicted with a sort of paralysis from his waist down, so that he could walk only with the greatest difficulty; his legs and his feet would become as cold as marble. . . . Pascal was nearly three months getting over this disease, which seemed to be incurable; but at last he was cured and made a complete recovery, and always had the free use of his limbs. At this time he was engaged on his 'ten years of work and glory,' during which time almost without exception all his works in physics and in mathematics appeared. But during all this time he did not cease to suffer; he consulted several physicians, of whom Descartes[1] was one. He 'was bled, bathed, and purged. . . .' The principal trouble was that he could 'swallow nothing liquid, at least if it were not hot; and again he could take it only drop by drop'; he had 'an unbearable headache, excessive heartburn, and many other ills. His health became extremely feeble; so that they thought his life was in danger.'"

[1] From whom we learn of the pretensions of science and the practise of medicine as well.

In October, 1654,[1] there was an accident on the bridge at Neuilly. Two of the four (or six) horses of the coach in which Pascal was seated took the bits in their teeth and ran violently toward the river. Fortunately, the traces broke and the two maddened horses were the only ones to fall into the river. "The carriage hung as if suspended over the edge. This accident, where Pascal came so near his end, made a terrible impression on him. They had hard work, it is said, to bring him out of a long fainting spell."

On November 23, 1654, at half-past ten one evening he had a vision which lasted a minute and a half. This vision probably is described in the strange and incoherent writing, with unfinished phrases, which from that time he always carried sewed into his doublet; he himself sewed this *mystic amulet* (the words are Condorcet's) into his clothing every time that he changed them. "From this time on, his days and nights of pain were almost constantly disturbed by the sight of a precipice which would suddenly open beside him."

At thirty years of age he became a complete valetudinarian, or rather he saw his troubles constantly growing greater. But with all this he published his "Provincial Letters" (1656–57).

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[1] He was then twenty-nine years old.

This mingling of bursts of genius with manifestations of a psychoneurosis continued, and a violent and persistent toothache helped him to solve the problem of the cycloide or roulette (which cured his neuralgia).

In his rough manuscripts ("Pensées") "one could see how his mind stopt working in the middle of an idea, his pen in the middle of a phrase, sometimes even in the middle of a word. Pascal's infirmities never gave him a single moment's respite."

Then followed four years (1658–62) of pain and weakness; his headaches were continual, his digestive difficulties were much worse. He had attacks in which he lost the power of speech and consciousness. Sometimes he experienced a great deal of vertigo, and at other times had violent convulsions. At the autopsy it was found that his intestines were gangrenous, and "within the skull, beside the ventricles of the brain, there were two impressions like the mark of a finger in wax, and these cavities were filled with clotted and putrefied blood which had already commenced to make the dura mater gangrenous." "In addition," said Le Double,[1] "the medi-frontal suture was still open, a mark which most anthropologists consider

[1] Le Double: "La Crâne et le Cerveau de Pascal," La Chronique Médicale, 1901, p. 671.

characteristic of superiority. This superior characteristic is still further confirmed by the great size of Pascal's brain; the substance of it was so solid and compact that the physicians thought that this was the reason why the frontal suture had never closed."

2. Auguste Comte and Saint-Simon.[1]

Auguste Comte,[2] who has exerted such a vast and lasting influence on the philosophical position of the savants of the nineteenth century, was undoubtedly semi-insane when he was not wholly insane. He would go out and not come back.[3] He wrote incoherent letters with underlined words and significant references. While he was taking a walk one day he wanted to drag his wife with him into the lake d'Enghien. He was shut up in the asylum of Esquirol, who diagnosed his case as an attack of mania with megalomania, where he plunged his fork into the cheek of one of the guards. The day he went out of the asylum he signed his marriage contract Brutus-Bonaparte Comte. During his meals he would try to drive his

[1] Georges Dumas: "Psychologie de deux Messies Positivists, Saint-Simon et Auguste Comte," Bibliothèque de Philosophie Contemporaine, 1905. Paris, F. Alcan.

[2] See also Hillemand et Cabanès: "La Folie d'Auguste Comte," Chronique Médicale, 1897, vol. iv., p. 36.

[3] On April 12, 1826, when his class came for the fourth lesson, they found the doors and shutters closed.

knife into the table like Walter Scott's Highlander, and he would order the succulent back of a pig and recite bits of Homer. Later he tried to throw himself from the Pont des Arts into the Seine. He started for Montpellier, but when he reached Nîmes he stopt and retraced his steps. His whole life was made up of attacks of madness separated by long intervals of semi-madness, during which he wrote and published his work.

Georges Dumas concludes his study thus:

"Such in his private and social life, in his work, in his love, and in his religion, was Auguste Comte, the founder of Positivism, who from 1824 to 1827 tried to give special importance to matter, and who died at sixty years of age the high priest of humanity. He has often been called insane by the vulgar, but was able to inspire those of his disciples who were above the average with an ardent faith which neither death nor fifty years of time have been able to extinguish." Stuart Mill puts him "in the same rank as Descartes and Leibnitz." Auguste Comte, continues Georges Dumas, "had a psychopathic temperament, and for a long time was subject to cerebral symptoms." He was a mystic with "hallucinations and ecstasies." As, moreover, he never believed in the objective significance of his hallucinations and as he "controlled them" (except dur-

ing his attacks of madness), all this "was not enough to make him a madman. But it is amply sufficient at this time (after 1826) to make him a demi-fou."[1]

With this "Positivist Messiah" Dumas compares Saint-Simon, who "proclaimed himself Vicar of God and Pope of Science," and who wrote: "At the fiercest time of the Revolution; during the night of detention at the Luxemburg, Charlemagne appeared to me and said that since the beginning of the world no family had enjoyed the honor of bringing forth a hero and a philosopher of the first quality; but that this honor had been reserved for my house. My son, thy success as a philosopher will equal those that I obtained as a commander and chief, and he disappeared." He sometimes went even further than this, and it was to God himself that he "passed the word of command" to go and develop his mind according to his program.

Here, again, is an example of a semi-insane man

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[1] "As a specialist in mental physiology Georges Dumas has very conscientiously and with great clearness refuted the prejudice which existed among many ignorant people concerning the madness of Auguste Comte" (Lucien Moreau: L'Action Française). I like better the appreciation of J. Bourdeau (Journal des Débats, August 5, 1905) concerning the same book of Georges Dumas: "Equilibrium of the faculties does not, as a rule, lead to anything more than happy mediocrity. The tendencies of genius depress certain faculties and exalt others. There is in genius a certain neurotic element which gives it force and impulsion."

who was both intelligent and remarkable. Was he not so when he wrote: "Madness is nothing else but great exaltation of the soul, and this great exaltation is necessary in order to do great things? *He only enters into the temple of glory who has escaped from a madhouse.*" [1]

3. Contemporary Russian Novelists [2]

The majority of the Russian novelists of the nineteenth century whose psychology Ossip Lourié has studied belong to the same group.

1. "Gogol does not know himself. Sometimes he believes that he is called to a high prophetic mission; sometimes he falls into the depths of humility. Attacked by acute morbid mysticism during the latter years of his life, he died mad, or nearly so, and left a great work, which was truly intelligible to the Russians only." While questioning whether it would not have been better to seek a chair in botany or pathology, he nevertheless asked and obtained a chair of Russian history, and immediately conceived the idea of writing a universal history, for which he was in no way prepared. He was soon obliged to hand in his resig-

[1] The italics are mine.

[2] Ossip Lourié: "La Psychologie des Romanciers Russes du XIXe Siècle," Bibliothèque de Philosophie Contemporaine, 1905. Paris, F. Alcan.

nation, and believed later that he had the gift of prophecy. "He regarded himself as the most interesting personage in creation, the Alpha and Omega, the beginning and the end."

He thus wrote "Cornelien Scenes" principally when Tarass Boulba was present at the torture of his son, and encouraged him at the trial of his life, and congratulated him upon the silence with which he submitted to the most atrocious torments, and said to him from time to time, "Well done, my son, well done!"

Trochine[1] agrees with Ossip Lourié that Gogol was a mystic, but he does not consider him psychologically diseased. I think that from the medical point of view there could be no question about it. Gogol was psychically diseased.

2. Dostoiewsky was an epileptic. In the development of this neurosis in the author of "Crime and Punishment" this horrible disease certainly played an important rôle. It is the one in which he hears his death sentence read and believes that they are going to execute him. He had four years of hard labor in Siberia, in companionship with murderers and brigands, without any intellectual companionship. In addition to his epileptic attacks he had mysterious fears. "There was," he

[1] Trochine: "Le Génie et la Santé de Gogol." Analyse d'Ossip Lourié. Revue Philosophique, 1906, p. 344.

said, "a frightful fear of something which I can not define, of something which I can not conceive, which does not exist, but which rises before me as a horrible, distorted, inexorable, and irrefutable fact." This habitual condition was so distressing that his epileptic attacks became the most comfortable moments of his life. "During these times," he wrote, "I experience a sensation of happiness which does not exist in my ordinary condition and of which I can not give you any idea." "You happy, well people," said he, according to Sophie Kovalevsky, "have no idea of the happiness which we poor epileptics experience a second before the attack. Mohammed certainly saw Paradise in an epileptic attack, for he had these attacks just as I have." I have already pointed out how rigorously he analyzed the character of Raskolnikoff.

Dostoiewsky's condition (concludes Ossip Lourié) never went as far as dementia, but the progressive weakening of his critical sense was undeniable. It is to this that we should look for the cause of all the contradictions with which his life and his works were filled. This certainly is one of the characteristics of the semi-insane.

Loygue,[1] who has thoroughly studied the psychol-

[1] Loygue: "Un Homme de Génie, Th. M. Dostoiewsky." Étude Médicopsychologique, Lyons, 1904. On page 31 there is a medical summary of the subject.

ogy of Dostoiewsky, gives the following information regarding his heredity and the onset of the disease. One aunt had "a very weak memory without any strength of character or resolution. She was susceptible to every passing influence. She was afraid of devils. To his brother Michael, Dostoiewsky wrote from Siberia: "I have received your letter. I am afraid that your attacks will become like mine." In his earliest years he had nocturnal terrors, and in his later childhood frequent hallucinations. A friend of Dostoiewsky, in his youth, who had witnessed his attacks, has also stated to Melchior de Vogüé[1] that at this period he would fall in the street, frothing at the mouth.

3. Tolstoy belongs to the category of the semi-insane who are termed "originals." At eight years of age "he was seized with an irresistible desire to fly in the air. This idea haunted him to such a degree that he decided to put it into practise. He shut himself up in his study-room, climbed up to the window, and made the movements for flying in the air. He fell from a height of more than sixteen feet and was sick for some time following."

Another day "the thought came to him that happiness does not depend upon external events,

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[1] E. Melchior de Vogüé: "Dostoiewsky," Revue des Deux Mondes, January 15, 1885.

but upon the manner in which we accept them; that a man accustomed to bear pain could never be unhappy. Therefore, in order to accustom himself to pain, and in spite of the suffering, he would set himself the task of holding a dictionary on his outstretched arm for five minutes, or he would go to the barn, and take a rope and whip himself on the back with such vigor that the tears would come to his eyes." In his youth, as a rule, he "never wanted to do anything that everybody else did," and he chose courses in the Oriental languages, only because everybody else preferred the law. One of his aunts wrote to him: "You have always wanted to be taken for an original being; but your originality is nothing more than an excessive self-esteem." Nevertheless, on entering the university he made up his mind to know everything in the second year, and, after taking his doctor's degree, to become the "first savant in Russia." After a series of failures "everything became unbearable to the master. He fell ill, more morally than physically. At last he gave up everything and started off to the desert among the Baschkirs, to breathe the air and to live a purely animal life." Having met the three daughters of Dr. Berce, Tolstoy "began by being very much taken by the oldest, then he thought he was in love with the second, and finally he fell in love with the third."

Later he set himself "to mow hay with the moujiks . . . in a peasant's blouse."

At this period "which was the most glorious for the novelist's talent, and the calmest in his internal life," he wrote: "However, I felt that I was not wholly sound in my mind and that this could not go on very long." The feelings of doubt which he had known from his childhood led to the idea of suicide. "Everything is a lie," he cried, "death alone is true," and he resorted to various devices in order not to kill himself. . . .

Ossip Lourié concludes that "Tolstoy is one of those rare men to whom the English aphorism, 'They are certainly cracked, but the crack lets in light,' might apply." In a word, Tolstoy was a semi-insane genius.

In his autobiography[1] Tolstoy gives some additional information regarding his heredity. His grandmother, Pelagie Nikolaievna, was the "daughter of a blind man." His grandfather, Ilia Andreewitch, was a narrow man, foolishly lavish, passionately fond of gambling. He gambled continually without knowing how to play, and, furthermore, lent to every newcomer sums of money which were never returned. He was mixt up in

[1] Comte Léon Tolstoy: "Autobiographie," trad. J. W. Bienstock, La Revue, 1906, p. 206. Also see Léon Tolstoy: "Vie et Œuvres. Mémoires," 2 vols.

"numerous affairs," and "all these things ended in his ruin."

4. The grandson of a "hard and cruel man" who "whipt the moujiks, Garchine, had during his schooldays a slight mental disturbance from which he recovered. He retained a "morbid sensibility which made him tremble at the sight of the slightest suffering." Later his mental condition became unbalanced, and at thirty-three years of age he was found "dying on his stairway. . . . Whether he had had an accident or it was suicide or madness, no one can say."

Pomialofsky was a dipsomaniac who began his debauches with brandy at the age of eight and died an alcoholic at twenty-nine years of age.

Gorki, who made an attempt to commit suicide at the age of eighteen, belongs to the category of the semi-insane of which I have spoken who have been termed vagabonds or wanderers.

4. French Intellectual Superiors

1. Guy de Maupassant, that fine and characteristically French spirit who, like Alphonse Daudet, failed to be admitted to the Academy, died insane, after having been confined for eighteen months in Dr. Blanche's Sanitarium.[1] His psychoneurosis

[1] See Cabanès: "Guy de Maupassant chez le Dr. Blanche," Chronique Médicale, 1897, p. 682.

dated back a long way. For the past ten years, says Mme. Alphonse Daudet,[1] "one could notice from time to time the changes wrought in his physical appearance by the tormenting ravages of his nervous disorder which shook his very being, causing profound exhaustion. . . . It is possible that his visits to clairvoyants and similar experiences were due to a perpetual need for travel and solitude,[2] mingled with his desires for a brilliant and worthy life; this was perhaps the initial stage of his depression, the early fatigue of a weakened brain, already prepared for the final breakdown." One might say[3] that the roots of his disease "seemed to be confused with the very qualities of his talent." The auditory hallucinations described in "Sur l'Eau," as well as the hallucinations of sight in "Horla,"[4] prove that he certainly could not have had a brain like that of other people.[5] Guy de

[1] Mme. Alphonse Daudet: "Souvenirs et Impressions," Revue de Paris, 1897, t. v., p. 321.

[2] Having rented a yacht on the Mediterranean, Maupassant would start off, then suddenly return often receiving at Cannes invitations which were addrest to him in Paris.

[3] Faverolles: Gaulois, October 12, 1897.

[4] The mental aberration which was indicated in "The Horla" only became visible to all eyes on the eve of the catastrophe which destroyed the author's reason. Émile Tardieu: "L'Ennui," Études Psychologiques. Bibliothèque de Philosophie Contemporaine.

[5] Apropos of "Pierre et Jean," Guy de Maupassant wrote to Maurice de Fleury, "Introductions à la Médecine de l'Esprit," 1897, p. 139: "This book which you will find wise, and which, as I be-

Maupassant had himself confided to Paul Bourget that he often saw his double. In going into his own room he would see himself seated upon his own sofa.[1]

2. Villemain[2] had ideas of persecution. He believed that he was pursued by the Jesuits. A lady whom he was visiting said that he was "constantly looking under the sofas and the chairs. And why? Because he thought that there might be a Jesuit under his chair or alongside of the one on which he was seated. He suspected them—but it is difficult to determine whether this is really so—of wishing to make him a rival of Abelard.[3]"

Victor Hugo[4] has admirably described a visit which he paid to Villemain in 1845. He "looked pale and used up; he was drest in a large black redingote, buttoned at the top by a single button; his gray hair was in disorder. 'If you only knew,' said he, 'what plots there are against me. They

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lieve, rings true, I could never have written at all without having intoxicated myself with ether." Another time he wrote to Émile Tardieu, *loc. cit.*, p. 18: "I am half dead with fatigue, brain fag, and nervous disorders." See also Gelineau, *loc. cit.*, p. 178.

[1] Paul Bourget: "Two séances at the house of Mrs. P. at Boston." Annales des Sciences Psychiques, 1895, v., p. 375.

[2] Max Simon: "Souvenirs Littéraires de Médecine," Chronique Médicale, 1896, 1897.

[3] According to Lombroso, his father and brothers were insane.

[4] V. Hugo: "Choses Vues," a case of persecutory delusions described by Victor Hugo. Chronique Médicale, 1902, p. 170.

began by separating me from my wife, then they separated me from my children. Now I am alone. No, I am not alone! I am not even alone! I have enemies. They are everywhere; here, outside, right around me, in my house! They say that at night some masons climb up by that window to sleep with me. I am on the second story, but they have so much ill will against me that at night they put up long ladders against my wall to make me believe this. When I go out they arrange everything in such a way that everything I look at has a sinister aspect. I meet nobody but men buttoned up to the chin. People drest in red, and in the most extraordinary costumes. Women drest half in black and half in violet who look at me with cries of joy, and everywhere there are coaches full of little children followed by other little children, some in black, others in white. Listen! you are a man nobler than the rest. Now picture my misery. By my soul and conscience, I am not sure but that you have been sent here by my enemies to spy upon me. . . .'"

3. Jean Jacques Rousseau started with a neuropathic heredity.[1] Four generations back they sold wine and were hard drinkers. Then they were clock-makers, singing psalms or songs, and travel-

[1] See Eugène Ritter: "La Famille et la Jeunesse de J. J. Rousseau," 1896.

ing everywhere. One finds uncles in London, Hamburg, Amsterdam, Venice, at the siege of Belgrade, in Persia, in America, and in Germany. His mother began the romance which led to her marriage when she was eight years of age. His father occasionally had ideas which "apparently emanated from the moon." He wanted to give dancing lessons, altho he was a clock-maker, and he playfully put to bed the owner of an unmowed field who tried to hinder him from crossing it. Jean Jacques himself,[1] after having read inordinately, at the age of eighteen set out with a model of Heron's circulating fountain, which he showed everywhere in order to gain his livelihood.

He was successively clock-maker, mountebank, music-master, painter, and servant, and then followed the paths of medicine, music, theology, and botany. He used to meditate bareheaded in the sun at midday. He fell in love at eleven years of age, and he stated later that he had spent ten years in a delirium of love. He believed himself to be

[1] Lombroso, *loc. cit.*, and Brunetière: "La Folie de J. J. Rousseau," Études Critiques sur l'Histoire de la Littérature Française, 1894, p. 325; Moebius: "J. J. Rousseau," Krankheitsgeschichte, 1887, who makes of Rousseau a "reasoning fool with delusions of persecution and, in all the force of the term, a persecutory persecutor," which he was in fact, adds Regnard, *loc. cit.*, p. 132. In a work on the deafness of J. J. Rousseau (Chronique Médicale, 1900, p. 5) Régis makes of him "a type of arteriosclerotic neurasthenia."

first the subject of everybody's enthusiasm and then persecuted by all the world—by Prussia, by England, by France, by kings, by women, by priests. They tormented him even when they conferred benefits and praises. He would suddenly depart from an inn, to flee from his persecutors, leaving his trunk behind him, and would see in a contrary wind a new proof of the universal plot against him. His enemies "bribed his coffee merchant, his hair-dresser, his innkeeper"; his shoeblack "had no more shoe polish" when he asked him for it. Men even refused to put him in prison when he asked them to do so, and to further his persecutions they arrested a bookseller "whom he did not know." He dedicated a pamphlet of justification "to all Frenchmen who were friends of justice," and distributed it himself in the street to all passers-by who did not seem unfriendly. He finally wrote "a very tender and familiar letter" to God Almighty and placed it under the altar of Notre Dame de Paris. Having found the gate closed he saw that even Heaven itself was in league against him.[1]

Régis thus concludes his very excellent study of

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[1] See further important study by Cabanès: "Cabinets Secrets de l'Histoire," 3d series. Jean Jacques was a masochist, an exhibitionist as Restiv de la Bretonne was a fetishist. Louis: Chronique Médicale, 1904, p. 353.

Rousseau:[1] "At that time he seemed to me not only to be a great writer, but an exquisitely tender nature, a being essentially good and gentle, whose moral weaknesses arose from morbidness rather than from vice, and who, according to the opinion of Brunetière, owed to his hypersensitiveness not only the essentials of his neurotic vagaries, but his very talent itself. . . . Poor Jean Jacques! To study the nature of your being, your life and your body, your brain and your heart, is to see you as you really were, the most humane, the most sensitive, and the most unhappy man of genius."

4. Gerard de Nerval,[2] political writer and poet, whose neurosis has been so well described by Arvède Barine, was not descended from the Emperor Nerva as he pretended, but from "an original of unaccommodating temper, who avoided the society of mankind."

He himself, from his youth, was a mystic, a believer in the occult, and a noctambulist. He was very precocious, having been in print six times when he was eighteen. He was a drinker, a nomad, and a bohemian. He was subject to hallucinations. He would be found on the street-cor-

[1] "Étude Médicale sur J. J. Rousseau," Chronique Médicale, 1900. See also Courtade: "La Surdité de J. J. Rousseau," *ib.*, p. 90.

[2] Arvède Barine: *Loc. cit.*

ner, his hat in his hand, lost in a sort of ecstasy. Gautier said that he seemed extravagant even for one of the Romanticists. In the Tuileries he saw the gold fish in the big fountain putting their heads out of the water trying to entice him to follow them to the bottom. The Queen of Sheba was waiting for him, they said. He was found at the Palais Royal dragging a live lobster along at the end of a blue ribbon; then, as it was allowable to take a dog or a lion out for a walk, he was astonished that the physicians should hinder him from airing a lobster—such a quiet, serious animal, that knew all the secrets of the deep sea, and that never barked. He tried to fly like the birds, and one day, at a moment, in one of the streets of Paris, when he waited with his arms spread out for his soul to mount to a star, he was gathered in by a gendarme "because he had prepared for this ascension by taking off his terrestrial garments." Not knowing how to collect a bill, he let it be presented by a big man from the market-place: "These great, big men have a terrible way of presenting bills." One day he slipt into the kitchen of Mr. Buloz at a time when there was no one there. He opened all the water faucets and ran away enchanted by his exploit. He saw "a black sun and the empty sky and a red ball of blood over the Tuileries." He thought he had "some influence

on the course of the moon," and he used to lay his hands on the sick.

He was confined several times in the sanitarium of Dr. Blanche, and when he was better he queried "whether he had not undergone a certain deterioration in recovering what is commonly called reason."[1] At his solicitation a literary society unfortunately obtained his dismissal from an asylum. He went out and hanged himself in a low public house, a furnished one at which one pays two cents a night in the Rue de la Vieille Lanterne. He used an apron-string which he represented as the girdle of Mme. de Maintenon when she played the part of Esther at Saint-Cyr, or the garter of the Queen of Sheba.

5. Flaubert was an epileptic or a hystero-epileptic. Maxime Du Camp[2] has thus described this neurotic individual: "Before his twenty-second year had slid from the eternal hour-glass an implacable disease had seized him and, as it were, made him its own by giving him certain peculiarities

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[1] Another poet, Charles Lamb, had declared several years previously that he was to be envied for the days that he had passed in an insane asylum, and he wrote to Coleridge, "Do not dream that you have tasted all the splendor and transport of imagination if you have never been mad." The hero of Tchekov's "Moine Noire" loved his psychosis, and having been temporarily cured, he bitterly reproached the physician who by his aid had thrust him back again into the vulgar crowd of the healthy-minded.

[2] Maxime du Camp: "Souvenirs Littéraires," Paris, 1892.

which would have surprized those by whom he was only superficially known. The sacred disease, the great neurosis which Paracelsus has called the 'human earthquake,' had struck Gustave and had thrown him to the ground. Often, helpless and dismayed, have I been present at these attacks, which were frightful. They always developed in the same manner and were preceded by the same phenomena. All at once without any apparent reason Gustave would throw up his head and become very pale. He had felt the aura. His look was full of anguish. He would say, 'I have a flame in my left eye'; then a few seconds later, 'I have a flame in my right eye; everything seems to me to be the color of gold.' This singular condition would sometimes persist for several minutes. Then his visage would grow pale again and take on a desperate expression; he would walk about rapidly; then he would fairly run to his bed and stretch himself out on it dull and sinister as if he were lying alive in a coffin. Then he would cry out: 'I have hold of the reins! here is the carrier! I hear the bells! Ah! I see the lantern of the inn!'[1] Then he would utter a cry whose piercing accent still vibrates in my ears, and a convulsion

[1] The first attack took place one night, "in the neighborhood of Bourg-Achard, at the moment when a post-carrier was passing to the left of the cabriolet, and when on the right the lights of a lonely inn were perceptible in the distance."

would then come on. This paroxysm, in which his entire body trembled, was followed by a deep sleep and profound exhaustion which lasted for several days. This neurosis, moreover, began very early in life and seems to have caused his death. This may be deduced from two notes of the Goncourts[1] to which Max Simon and Cabanès have directed attention.

"Flaubert tells us that when he was a child he would sit for hours deeply immersed in his book, biting his tongue and twisting a lock of hair about his fingers; that he would finally tumble over on the ground. One day he cut his nose while falling against a glass pane of the bookcase. This morning Pouchet led me into a narrow alley and told me he did not die of apoplexy; he died in an attack of epilepsy; he had been sixteen years without having had any attacks, but on Saturday he died of a seizure of congestive epilepsy. Yes, with all the symptoms, even froth at the mouth. Just think! his niece wanted to have a cast made of his hand, but they were not able to take it, it was so terribly contracted."[2]

Binet Sanglé[3] maintains the diagnosis of epi-

[1] Goncourt: "Journal des Goncourts," t. ii., p. 80; t. vi., p. 114.

[2] Michaut: Chronique Médicale, 1900, does not believe that Flaubert could have died in such a long-delayed attack of epilepsy. See the reply to Gelineau, *ibid.*, p. 670; Michaut, *ibid.*, p. 703.

[3] "The Epilepsy of Gustave Flaubert," Chronique Médicale, 1900, p. 641; 1901, p. 62.

lepsy for Flaubert's neurosis. Félix Regnault[1] prefers that of hysteria. René Dusmenil,[2] who has taken up the whole question, concludes that Flaubert suffered from hystero-neurasthenia and attributes his death to a hemorrhage into the ventricle of the brain. At all events, Flaubert undoubtedly suffered from a psychoneurosis. When he described the poisoning of Mme. Bovary he felt the taste of arsenic upon his tongue and he was himself poisoned to the point of vomiting.[3] "When I write a novel," he says,[4] "I have the thought to render a coloration, a nuance. For instance, in a Carthagenian romance I intend to render something in purple. In 'Madame Bovary' I had only the idea of a tone, this color of the moldiness of a woodlouse. The history, the adventure, of a romance, that is to me all the same." Fortin,[5] Flaubert's own physician, said that when he was going to write he would fall into a secondary state in the

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[1] "The observations of the epilepsy of men of genius, and notably that of Gustave Flaubert, have been very inadequately taken." Revue de l'Hypnotisme, 1900–1901, xv., 270.

[2] "Flaubert: His Heredity, Environment, and His Method," 1905.

[3] On this point, says Ribot ("Psychologie des Sentiments," Bibliothèque de Philosophie Contemporaine, 1905, p. 365), "the statement of Flaubert reported by Taine has been received with doubt without reason."

[4] Michaut: Chronique Médicale, 1900, p. 775.

[5] "The Subconscious in Flaubert," Chronique Médicale, 1901, p. 28.

effort to externalize himself. "Will you hereafter believe in the omen of boots?" wrote Flaubert to Louis Bouilhet in 1855. "Do you recall that on the day that I took your piece to Lafitte, when we were in the Rue Ste. Anne, I said to you, 'It will be all right; I have just seen some boots. And the boots were new and were held by their straps'?"[1]

6. Baudelaire died of general paresis (Lombroso). He himself said that his relatives were "idiots or madmen, and all died victims of terrible insanity." He abused the use of opium, tobacco, and wine,[2] and seemed to have had perverted olfactory sensations. "Lombroso says that instead of good odors he preferred those which any healthy man would consider obnoxious. The odors of putrefaction, decomposition, and of disease delighted his nostrils," and Bernard[3] added: "Baudelaire, another epicure of odors, said of himself: 'My soul soars upon perfumes, as the souls of other men soar upon music.' Baudelaire said truly that he had a sort of diseased passion for perfumes." "He dyed his hair green" and was subject to impulsive acts; one day he tried to strangle his father-in-law.

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[1] "Echo des Merveilleux," 1900, p. 253. Chronique Médicale, 1900, p. 627.

[2] One part of "Paradis Artificiels" bears this title: "Wine and Hasheesh Compared as Means of Multiplying One's Individuality."

[3] Conference quoted later on "The Odors in the Novels of Zola," p. 8.

Here is a description which he gives as one of his "neurotic pleasantries":[1]

"Having arisen one day sullen, sad, and weary of inactivity, it seemed to him that he was urged to do some great and brilliant deed"; he opened the window and saw first of all a glazier whose piercing discordant cry had floated up to him. Without knowing why, he was "seized with a feeling of hatred for this poor man which was as sudden as it was despotic." He called out to him to come up, and reflected, "not without delight, that, the room being on the sixth floor, and the staircase very narrow, the man would experience considerable difficulty in getting up-stairs and that his fragile merchandise would hit in many places as he went around the corners." The glazier finally appeared. I examined all his glasses with great interest and said to him: "What! you have no colored glass? No rose, nor red, nor blue? No magical panes, no glass from Paradise? Impudent fellow! How dare you go about in these poor parts of town with such glass when you have not even one pane through which one can see the beauty of life?" And, continued Baudelaire, I thrust him roughly toward the staircase, down which he stumbled grumbling. I went out on to the balcony and snatched up a little pot of flowers, and

[1] "The Wicked Glazier." Little poems in prose.

when the man appeared at the opening of the door I let my weapon fall perpendicularly on the outer edge of his pack. The shock threw him over and he managed to break the whole of the poor traveling outfit on his back, with a smashing sound as if a crystal palace had been shattered by a thunderbolt. I was intoxicated by my mad prank and cried out furiously to him. "The beauty of life! the beauty of life!" He declared that he experienced at that moment an "infinite joy," but he was not yet insane, at least not officially so.

After that, with Paul Bourget,[1] it is difficult not to see in the poetry of Baudelaire only his outrageous paradoxes and laborious mystifications. It is not enough to see in his work the part that "mystification"[2] plays, by which ideas in themselves only exceptional are exaggerated into aggressive paradoxes. It is necessary to read them in the light of his psychoneurosis and his semi-insanity.

Baudelaire seems to have died of softening of the brain with a right hemiplegia and aphasia. He had only three words: "*Non, crê non, non.*"[3]

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[1] Charles Baudelaire in "Essays of Contemporary Psychology." Œuvres Complètes, 1899, t. i., p. 3.

[2] For Michaut also, "Charles Baudelaire has never been anything but a very original character, smitten with dandyism and loving to mystify the bourgeois."

[3] Michaut: "How did Baudelaire die?" Chronique Médicale,

7. Alfred de Musset was a drug habitué. After having indulged in a frenzy of almost superhuman enjoyment, he would sink down overcome with such profound and pitiful weariness that his physical exhaustion was unquestionable.[1] He was subject to internal autoscopy (see previously, p. 91). It was a hallucination of this kind that he describes in "A December Night"—

> "A little fellow, hungry-eyed
> And clothed in black, sits by my side,
> As like me as a brother were."

George Sand[2] has described one of these attacks of De Musset's very well: "While he was lying on the grass in a ravine, Laurent (Alfred de Musset) had heard the echo singing all alone; the song was an obscene refrain. Then as he raised himself on his hands to inquire into this phenomenon, he saw some one passing before him on the heath. It was a man who was running along, pale and with torn clothing, his hair flying in the wind. 'I saw him so distinctly,' said he, 'that I had time to reason about it and to tell myself it must be some belated pedestrian, surprized and followed by thieves, and I even looked for my cane to go to his

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1902, p. 186. See Cabanès: "The Sadism of Baudelaire," *ibid.*, 1902, p. 725, and Michaut: "A Last Word on the Disease of Baudelaire," *ibid.*, 1903, p. 27.

[1] Émile Tardieu: *Loc. cit.*

[2] "Elle et Lui." Centenary ed., p. 110.

aid; but the cane was lost in the grass, and the man kept coming on toward me. When he was quite near I saw that he was intoxicated and not pursued. He passed by me, looking at me in a stupid, hideous way, and making an ugly grimace at me that was full of hatred and scorn. Then I was seized with terror and threw myself on my face on the ground; for this man . . . was I myself!'"[1]

Lefébure[2] has carefully studied the supersensibility of Musset. He seems to have experienced telepathic phenomena, and according to Mme. Martellet, was able, in his last illness, to pull the bell-cord without touching it (!). He had colored audition. "He related to Mme. Joubert, in one of his (unedited) letters that he had been extremely annoyed, while driving with his family, to be obliged to enter into a discussion to prove that *fa* was yellow and *sol* red, and that a soprano voice was blonde and a contralto voice brunette. He believed that these things went without saying."[3]

At eight or nine years of age, in a single day,

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[1] "The details of this tale lead us to think that the incident took place in the forest of Fontainebleau at the time when the two lovers made their sojourn there at the beginning of their liaison, in the autumn of 1833. Musset was twenty-two years of age." Paul Raymond: Progrès Médical, 1905, p. 38.

[2] "Musset a Sensitive." Annales des Sciences Psychiques, 1899, t. ix., pp. 13 and 80.

[3] Arvède Barine: Cited in Chronique Médicale, 1906, t. xiii., p. 130, note.

he broke one of the mirrors in the drawing-room with a billiard ball, cut the new curtains with a pair of scissors, and pasted a big red wafer on a large map of Europe, right in the middle of the Mediterranean Sea. Toward ten or twelve years of age he experienced a fascination for a gilt frame on an old portrait, and he often used this to hypnotize himself. "He had several fetishes at different times: the star-shaped medallion of his first mistress, the broken comb of George Sand, a Fontainebleau five-franc piece, a pen carved by Sister Marcelline." In Venice he was "like a madman all night after a period of great disturbance. He saw shapes like fantoms around him and cried out with fear and horror." George Sand has described a series of hallucinations. "Until his last moments," said Paul de Musset, "his sensitiveness increased more and more. He was subject to agitations, and perpetual emotional disturbances." And Mme. Martellet (Adèle Colin) wrote: "The nervousness of Mr. Alfred sometimes borders on the supernatural, and I often wonder whether he does not possess a sixth sense, like the gift of second sight."

Cabanès[1] has carefully studied the dipsomania

[1] "The Dipsomania of Alfred de Musset," Chronique Médicale, 1906, p. 142. See also in the same collection, p. 302, a letter of Mme. Martellet, the elderly governess of Alfred de Musset (she had passed ninety years of age).

of De Musset and begins his work with this quotation of Charles Maurras: "It is hardly possible to speak of Alfred de Musset without first mentioning, in order completely to understand all of the circumstances, the kind of madness which had marked him from his earliest childhood." He was born restless, visionary, and slightly maniacal, subject to attacks of epilepsy,[1] but became alcoholic at the age of twenty. . . . In the Café de la Regence, Cabanès continues: "The waiter would generally bring him a plate of cigars, and a frightful mixture of beer and absinthe, which he would swallow in a gulp, making a face of disgust such as one makes when taking a bitter dose of medicine. . . . Once drugged in this fashion, Alfred de Musset would settle himself solidly against the back of the divan and would light one cigar after another until the plate was empty. At half-past eleven the waiter would hail a cab, lead the poet by the arm, and put him safely into the vehicle. He would let himself be quietly taken to his house, where his old nurse would receive him and put him to bed like a child."

8. Bernardin de St.-Pierre[2] saw objects double and moving. Flashes of light interfered with his

[1] This has not been proved.

[2] Moreau de Tours: *Loc. cit.*, and x. Notice on Bernardin de St. Pierre in the Introduction to his "Selected Works."

vision, and "the moment he met people in the public gardens or in the street he believed himself to be surrounded by enemies and evil-wishers." He looked upon himself as being persecuted and maligned, like J. J. Rousseau. According to his own statement this moral sickness all but made him lose his reason. His biographers add: "He nevertheless was finally cured." Some will think perhaps that this cure was not wholly accomplished when the author of "Paul and Virginia" wrote that fleas are black and generally jump upon white objects so that they may more easily be caught. Bernardin de St. Pierre[1] has himself described his neuropathy, saying: "Like Œdipus I see two suns; on the finest summer day I can not cross the Seine in a boat without experiencing the most intolerable anxiety. If I am alone in the public gardens and go near a fountain full of water, I experience spasmodic movements and a feeling of horror. There are times when I believe I have been bitten by a mad dog without knowing it; it is impossible for me to stay in a room where other people are, especially if the doors are closed. I can not even walk along a path in a public garden where there are a

[1] Chronique Médicale, 1904, p. 470. This passage may be found, "Études de la Nature," t. i., p. 461; "Préambule de L'Arcadie," p. 465, the description of this same neuropathy by Sainte-Beuve ("Causeries du Lundi," t. vi.).

number of people. The moment that they look at me I believe that they are speaking ill of me, even tho they are quite unknown to me."

At the same time that Bernardin de St.-Pierre showed the first symptoms of ideas of persecution, his brother showed prodromal symptoms of delusions of grandeur. All of his brothers and sisters were, moreover, "somewhat disproportionately developed in their faculties. They had neurotic, badly balanced natures, and were disordered in mind." His son, Paul de St.-Pierre, was declared legally incompetent and "ended an ordinary but disturbed career in an asylum." [1]

9. The celebrated caricaturist André Gill [2] was a patient at Charenton. Then he came out. Alphonse Daudet met him well. "Three days later he was picked up on a country road, thrown across a heap of stones; his eyes were staring with fright, his mouth open, his countenance was vacant. He was mad, mad again. . . . Those who lived near him were not astonished, they told me. As for me," said Daudet, "I was horrified and shocked. Gill was the third of our little band whom madness had taken from me. Charles Bataille and Jean Duboys died in an insane asylum almost under my very eyes."

[1] Chronique Médicale, 1904, p. 465.

[2] Alphonse Daudet: "André Gill," Gaulois du Dimanche, November 7, 1897.

10. Salomon de Caus was mad (Moreau de Tours). Voltaire[1] was neurasthenic and hypochondriacal. He spent his whole life whimpering over his health and declaring that he scarcely ever complained. Like "a little Job on his dung-heap," he was either actually dying or literally dying all the time. He thought he would lose his sight when Mme. du Deffand became blind. "I have been dying all my life," said he; "I am more like a skeleton and more nearly dead than ever." And this was kept up for eighty years.

Molière was a hypochondriac and a melancholic. Larroumet[2] has very nicely developed the proof of this, chiefly by extracts from his works rather than from the pamphlet of 1670, "Elomire Hypocondre," to which Maurice Raynaud[3] has called attention.

According to Moreau de Tours, Condillac had frequent attacks of somnambulism. Gilbert Ballet quotes a dream that Descartes had on November 10, 1619 (at the age of twenty-four). Lombroso says that Montesquieu wore a place on his floor by convulsively moving his feet while at work.

[1] Roger: "Voltaire Malade, Étude Historique et Médicale," 1883. Lombroso, on the other hand, classes Voltaire among the "sane-minded geniuses," who lived serenely throughout their intellectual career.

[2] Molière's hypochondria, "Comédies de Molière," cited in Chronique Médicale, 1897, p. 108.

[3] "Les Médecins au Temps de Molière." Raynaud.

Buffon, Santeuil,[1] and Crébillon were always making queer faces. Ampère could not express his thoughts unless he was walking about and keeping his whole body in perpetual movement.

According to Wechniakoff, we must class among the neuropaths d'Alembert whose mind grew weak and whose memory disappeared so that he lost all judgment, and Lagrange, who passed through a pathological phase which lasted ten years, in which he experienced languor, lassitude, and a great disgust for mathematics.

Chateaubriand also experienced an early rapid exhaustion. This was partial, it is true, and recoverable. It was an exhaustion of desire and of fancy (Emile Tardieu).

In his *mattoids*, "those temperaments bordering on insanity" (Maudsley), Lombroso places Enfantin who conceived and tried to carry through the cutting of the Isthmus of Suez, and at another time wanted to establish a queer new religion.

In certain of the intellectual superiors eccentricities of costume and of living are enough in themselves to indicate a neuropathic condition. Among these are such as Villiers de l'Isle-Adam, Barbey

[1] Santeuil, says Moreau du Tours, nearly lost his reason before he found an expression for which he had been searching for a long time.

d'Aurevilly, and Sar Peladan. Cujas "worked lying flat on his stomach on a rug"; Bossuet sat "in a cold room with his head wrapt in hot cloths"; Bourdaloue "scraped out an air on his violin before writing his sermons."

Malherbe (Moreau de Tours[1]) had a peculiar mania, being a very chilly individual, of numbering his stockings by the letters of the alphabet, for fear of not putting mates on each foot. He confest one day to having as many as fifty pairs.[2]

Napoleon[3] "suffered from a habitual twitching of the right shoulder and of the lips." He believed in presentiments and horoscopes, and sought and accepted the prophecies of any sorcerer who promised him good fortune; he was in despair when he broke a mirror; he was in terror of Friday, of the number 13, and considered the letter *m* fatal.

11. Zola[4] also had psychic tics. He had sensa-

[1] All the other quotations are from Lombroso.

[2] I do not consider the superior intellectuals who were stammerers or who were left-handed, nor the ataxics, nor those who had the habit of biting their nails, nor those with more or less psychopathic heredity.

[3] Lombroso: *Loc. cit.;* Cabanès: "The Superstitions of Napoleon I.," Chronique Médicale, 1896. See also Barral: "The Health of Napoleon I.," *ib.*, 1900, p. 34 *et seq.;* Bougon: "Some Manias of Napoleon I.," *ib.*, 1904, p. 490; 1905, p. 524; Callamaud: "The Hours of Weakness of Napoleon I.," *ib.*, 1904, p. 801.

[4] Edouard Toulouse: "Enquête Médicopsychologique sur les Rapports de la Supériorité Intellectuelle avec la Neuropathie. I. Introduction Générale. Émile Zola," 1896.

tions of light in the evening when it was dark, and whisperings and ringings in his ears. He was chiefly an abnormal olfactive. "One of his amusements was to make a distant diagnosis of the dishes being prepared for his next meal. This, for example, he would do in his work-room which was located above the kitchen at Medan. He could tell whether there were going to be tomatoes, a chicken, or a leg of lamb; and also for the fish, whether there were sardines, herring, smelts, or sole."

Bernard[1] has given an excellent description of Zola as a "musician, the symphonist of odors, . . . the novelist with the sensitive nostrils, . . . the man who lived chiefly by his nose," and shows how important this analysis is to the psychologist who would detect the secret of the artist and discover a formula of his temperament and his talent."

Zola used to count the number of gas-jets in the street, the numbers on the doors, and chiefly the numbers on the cabs. He would add all the figures of these numbers together as if they were units; "for a long time the multiples of three seemed to him of good omen, then the multiples of seven were reassuring." Seventeen was a bad num-

[1] Bernard: "Conférence sur les Odeurs dans les Romans de Zola." Montpellier, 1899.

ber. He was once thrown out of a cab; when he hastened to add up the figures of the number of his cab he found the sum to be seventeen! "For a long time he was afraid he would not succeed in any proceeding on which he was about to enter if he did not leave the house with his left foot first." He would touch certain objects or close a door several times in succession.[1]

The Goncourts were "morbidly sensitive."[2] "So much so that they were at the mercy of every mental or physical excitement." They came to feel, to use their own expression, "as tho they were morally flayed, sensitive, and wounded by the least impression, so that without anything to protect them they were always raw and bleeding."[3] They, moreover, cultivated this nervousness and were proud of being so "exquisitely sensitive." They felt that they were highly organized in their tastes, whether the subject was a picture to be criticized or the wing of a broiled chicken.[4]

They were anxious to describe in their works these nervous symptoms from which they suffered,

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[1] See also for the whole Chronique Médicale, 1902, No. 20, and specially Toulouse: "Neuropathy of Zola and the Psychology of Émile Zola," pp. 664 and 670.

[2] René Doumic: "Portraits of Writers."

[3] "Journal des Goncourt," t. iii., p. 16. Cited by Doumic.

[4] Jules de Goncourt died insane (Maurice de Fleury, *loc. cit.*, p. 139). See also p. 26, remarks concerning Jules de Goncourt, related by his brother.

but in order to do this they felt they would have to remodel the language. "The French language," they said, "has been molded and fashioned by healthy individuals. To-day we find the language of our healthy forebears wholly inadequate."[1]

12. Quite a large number of the so-called decadent authors[2] showing symptoms of colored audition or auditory taste have very queer associated sensations. Thus Arthur Rimbaud says that A is black; E, white; I, red; U, green; O, blue, and further A wears a black velvet corselet with bright shining bands.[3]

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[1] See also Gelineau: "A Victim of Neurasthenia" (Jules de Goncourt), and Michaut: "A Pretended Victim of Neurasthenia" (Edmond de Goncourt), Chronique Médicale, 1901, pp. 625, 698.

[2] In addition to the works of Lombroso and of Nordau cited, see Brunetière: "Symbolistes et Décadents," Nouvelles Questions de Critique, 1890, p. 304; Émile Laurent: "La Poésie Décadente devant la Science Psychiatrique," 1897; P. H. Martin: "Névrose et Poésie," Études, 1898, p. 145; Grasset: "Leçons de Clinique Médicale," 2d s., 1896, p. 672, and Henri Vigen: "Le Talent Poétique chez les Dégénérés," Thèse de Bordeaux, 1904.

[3] According to Victor Ségalen ("The Double Rimbaud," Mercure de France, 1906, p. 486), "the sonnet entitled 'Vowels,' which has been classed as a theory of synthetic art, is in reality only a youthful recollection of primary sensations. The mechanism of this literary plaything was such as to leave no doubt as to its explanation. Ernest Gaubert (Mercure de France, 1904, November 1): A, black; E, white; I, red; U, green; O, blue. This is quite simple because the ancient letter-books edited when Rimbaud was learning his letters had a black A, with a picture of a Bee (Abeille). A, with a black velvet corselet with bright shining bands. The I was red, the U green, the O sky-blue, the E only was different. It was yellow."

Another says:

"A, scarlet triumphant, a clarion rings.
E sighs like a lyre, and is white as the wings
Of the angels. I, flutes clear and true
And his delicate tones are a heavenly blue;
But the bow wails in O in a rhythm of yellow.
U is green as the myrtle you pluck by the way
And as barren of love as a cold April day."

René Ghil in his treatise on the verb says how the colors of the vowels overwhelm us, sounding the primordial mysteries. "Apart from any former prejudices in my opinion the five are colored as follows: A, black; E, white; I, blue; O, red; U, yellow. In the calm beauty of these five fundamental elements the world expands in the sunlight."

According to Mallarmé, this correlation of vowels corresponds "to progressive evolution in our higher senses.[1]

In a book of Huysmans, Des Esseintes gives a gustatory concert: "Each liquor corresponded, according to him, in its taste to the sound of an instrument. A dry curaçoa, for example, corresponds to a clarionet whose tone is velvety and tart; kümmel to the hautboy with its sonorous nasal timber; crème de menthe and anisette to the

[1] See also Jean Clavière: "Colored Audition," Anné Psychologique, 1899, t. v., p. 161.

flute, which is at the same time sugary and pungent, whimpering and sweet; while to complete the orchestra kirsch sounds furiously of the trumpet. Gin and whisky carry the audience away by the strident outbursts of the horns and trombones. Brandy thunders with the deafening tumult of the bass horns, while the rattling blows of the cymbal and of the drum are reproduced on the membranes of the mouth by the raki of Chios and mastic."

13. Balzac[1] had an ambulatory mania. This need of change was so strong in him that often neither his relatives nor his friends would know where he was temporarily living. This was why it was impossible to find him when he was called for his military service in the National Guard.[2] But he was chiefly a megalomaniac; he placed himself among the "marshals of modern literature." With Napoleon, Cuvier, and O'Connell he formed the group of four men who "were to have exerted an enormous influence upon their century." "I shall have given birth to an entire society in my brain," he wrote to Mme. Hanska. "What Napoleon began with the sword I shall have com-

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[1] See Chronique Médicale, 1899, No. 10, which was devoted entirely to Balzac by Cabanès on the centennial of his birth, May 20, 1799.

[2] Fournier: "Statue of Balzac at Tours." Cited by Cabanès.

pleted by my pen." "His consciousness of his own greatness was simply without bounds," wrote George Sand. "He was always talking of himself and only of himself. One evening, when he had put on a handsome new dressing-gown he wanted to go into the street with it on with a lamp in his hand to excite the admiration of the public." His father, according to Moreau de Tours, stayed in bed for twenty years without any reason and then similarly without reason he took up his former mode of life.

Diderot used to rent carriages and then forget them and pay for whole days; he would also forget the hour, the day, and the month and "even persons with whom he had begun to converse. He would continue to pour out to them a veritable monologue like a somnambulist."

14. Mme. de Staël took opium to excess; she wanted to be wrapt in a fur robe before she was buried, and when she was at home she used "incessantly to roll little pieces of paper between her fingers. The valet de chambre had orders to leave a plentiful supply of them upon the mantelpiece" (Moreau de Tours).

Mme. Récamier had "nervous attacks[1] and feelings of suffocation which gave her the agreeable

[1] Cabanès: "The Blindness of Mme. Récamier," Chronique Médicale, 1906, p. 161.

sensation of being strangled." These, with an obstinate cough and sudden loss of voice which lasted several hours with nervous spasms of the larynx, were all considered as nervous by Dr. Récamier and were cured.

I mention without further comment several other superior women whose neuroses have been very curious, as the Marquise du Deffand, the Duchesse de Chaulnes, the Princesse de Lamballe, the Marquise du Chatelet, and Mlle. de Lespinasse.[1]

15. Victor Hugo[2] wrote at fourteen years in his school journal: "I will be a Chateaubriand or nothing." In 1878, in a projected autobiography, he tried to manufacture a genealogy, and to discover for himself a line of ancestors. He donated to a collector the cap which he wore when he left Paris after the *coup d'état* on the night of December 11–12, 1851.

Louis Veuillot has brought out sharply Victor Hugo's "intellectual egotism," which was absolutely unbounded and as a consequence most irritating. He had a veritable disease of the ego.[3]

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[1] "Concerning the Diseases of Catherine de Medici," Chronique Médicale, 1900, p. 161.

[2] Cabanès: "The Megalomania (?) of Victor Hugo," Chronique Médicale, 1902, pp. 157, 242.

[3] In certain verses of Victor Hugo one finds a curious collection of words sounding alike, such as is found in the poems of the insane. Thus in "Le Roi s'Amuse":

Charles Nodier,[1] according to Baudin, was attacked from his earliest youth with neurasthenia.

This was the diagnosis of Cabanès and of Fabre de Commentry. And he died of neurasthenia or rather in a state of presenile debility to which his neurasthenia, which was badly treated or uncared for, had little by little led him. His symptoms were general weakness, incapacity for all kinds of work, insomnia, headache, multiple neuralgias, gastric troubles, cardiac disorders, sensory and motor disturbances, exaltation and depression, melancholia and hypochondria.

Alexander Dumas *fils*[2] had in 1859 a severe nervous attack. His father relates "that Alexander was very ill, and for two days past he had been on his knees in the middle of his room without being able to make up his mind to get up; . . . two days

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"'*Sors!*'"

"'*Sortir*,' quand mon *sort* à ton *sort* est lié!"

The English rendering of this fails to show the play on words of similar sound.

"Go!"

"What, go, when my fate is bound up in thy fate!"

I will not be so irreverent as to compare these verses to the following ascribed to an insane man and quoted by Régis ("The Poetry of the Mentally Diseased," L'Encéphale, 1906, p. 274):

"On peut tirer en s'amusant
Deux sous d'un sel qui lave tout
De soude, un sel qui lave tout."

[1] Chronique Médicale, 1903, p. 165.

[2] "Mysterious Disease of A. Dumas *fils*," Chronique Médicale, 1906, p. 392.

before, having heard his father snoring in a neighboring room, the sound had produced such a nervous irritation that the thought had come to him to kill his father, and he had been able to resist it only by getting down on his knees; . . . for a year longer Dumas *fils* remained in this insane condition. . . . On recovering from this cerebral disorder Dumas was taken with a violent attack of mysticism; he made up his mind to become a religious at any cost; . . . finally he recovered completely. We might say, however, that in 1873 after 'La Femme de Claude' he had another attack which lasted but a short time."

16. De Chirac, says Jules Claretie,[1] was a pornographic maniac and diseased from the scientific point of view. By means of his scandalous répertoire he almost established a following. De Chirac was a demi-fou who never stopt halfway in his evil-doing. He was the first to suffer from it. He died of his demi-follies, in acting out an attack of delirium tremens. The real agony replaced the fictitious suffering; and a final hiccough closed the tragic scene.

Albert Glatigny,[2] who has often been spoken of lately in connection with the drama of Catulle

[1] Jules Claretie: "Life in Paris," Temps, March 16, 1906.

[2] Émile Faguet: "La Semaine Dramatique," Journal des Débats, March 19, 1906.

Mendès, "was somewhat like Verlaine of the Second Empire. He was of the same type as the Gringoires, the Villons, Assoucis, and Scarrons belonging to that race of irregular individuals who have no respect for law. He was what physicians would call an itinerant, a wanderer, or a metatopomaniac. . . . He was a man with marked eccentricities of character or rather of humor. He was a typical exemplification of what Dr. Grasset calls a demi-fou, but he was at the same time upright, brave, and loyal."[1]

5. Foreign Intellectual Superiors

1. Tasso[2] was a lypemaniac. He himself described his hallucinations, which were chiefly auditory (men and women crying, beasts laughing, singing, whips cracking, bells tinkling and ringing, and clocks striking). He thought he saw a knight who threw himself upon him and knocked him to the ground, or else he imagined himself to be covered with unclean beasts.

One day while under these influences he drew a knife and tried to strike a valet who came into his room. His troubles were caused by "magic art";

[1] See also Camille Pelletan, "Albert Glatigny," La Dépêche, March 23, 1906.

[2] Verga: "Lipemania del Tasso." Cited by Lombroso. See also Cabanès: Chronique Médicale, 1900, p. 211.

he spoke of his "familiar spirit" who brought him his letters, or of a "magician" who took his bread away from him. And he wrote sadly: "I do not deny that I am insane." While he was confined from 1579 to 1586 with the friars of St. Anne who seemed to have had a regular asylum, he showed all the symptoms of a well-developed persecutory mania with hallucinations of sight and hearing, having sometimes an affair with the devil, sometimes with the Virgin Mary, and at times with a hobgoblin who took away his bread and his dessert.[1]

Montaigne was thinking of Tasso (quoted by Lauvrière) when he said: "As great friendships give birth to great enmities, and vigorous health to mortal disease, so do the activities of the keenest minds pass over to the wildest mental disorders. By watching the actions of men in a rage we may see how madness conforms to the most active operations of our minds. Who can tell how near to the border-land of insanity a brilliant and untrammeled mind may approach, even tho it may seem remarkable and strong?"

2. Frederick Nietzsche,[2] the philosopher who has established a school in Germany and elsewhere, was confined at several different times in asylums, and finally was committed as an incurable dement

[1] Regnard: *Loc. cit.*, p. 146. [2] Max Nordau: *Loc. cit.*

to Dr. Binswanger's sanitarium at Jena, where Nordau, quoting the English saying, pronounced him to be the "right man in the right place."

According to Lichtenberger,[1] the darkness of insanity fell upon him abruptly without preparation. He was suddenly struck down in Turin during the first days of January, 1889. Perhaps a medical critic could have found the prodromal symptoms of his disease in certain of his previous works. "Prophet of the Superman" (?) and "The Eternal Return," possibly even in his great work, "Thus Spake Zarathusthra," which appeared from 1883 to 1886.

3. The great pessimist Schopenhauer[2] had a very marked neuropathic heredity. His grandmother had an aunt and a grandfather who were insane. His father, who was deaf from his youth, had a mania for traveling and used to fly into terrible passions and was subject to abnormal anxieties.

It was suspected that he committed suicide. The wife of this misanthrope, who was eccentric to the point of lypemania (the mother of the philosopher), was a feminine writer; she was vivacious and ambitious and, as he himself said, of rather "easy habits." His brother Frederick was an imbecile.

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[1] "Introduction to Aphorisms and Fragments of F. Nietzsche," Bibliothèque de Philosophie Contemporaine, 1899.

[2] Lombroso: *Loc. cit.*

Schopenhauer himself from his boyhood felt a demon within him. He used to pass entire weeks without speaking to anybody. Then he would talk out loud and gesticulate while alone, either in the street or while at a table d'hôte. He broke the hotel proprietor's arm because he heard him talking outside of his room. He flew into a passion and refused to pay his bill when he found that they had spelled his name with two p's on the account which was presented to him. He would burn his beard instead of shaving, hide gold in the inkstand and bills of exchange in the bedclothes. His greatest fear was of a razor. He wrote his notes in Greek, Latin, and Sanskrit, and scattered them through his books so that no one would take them. He was the victim of a vast conspiracy of professors of philosophy. He repudiated monogamy and extolled tetragamy, to which, with the vestige of reason left to him, he could see but one drawback and that was to have four mothers-in-law at his heels. In his will he left all his inheritance to soldiers and to his dog.

4. Swift[1] had announced in his youth that he would go mad, and, in fact, he did all sorts of inconsequential things, lost his memory tho talkative, spent an entire year without speaking, reading, or recognizing anybody, walked

[1] Lombroso: *Loc. cit.*

ten hours a day, always ate standing up or refused nourishment, and became furious if any one came into his room; . . . he died in 1745 completely demented, bequeathing 11,005 pounds sterling to the insane.

5. Hoffmann[1] used wine, and of the best quality, to intoxicate himself. "He would now and then add a bowl of punch for the pleasure of watching the battle between the salamanders and the gnomes which lived in the sugar. When he was going to compose church music he used to order old French or Rhenish wines; for grand opera the best Burgundy, for comic opera champagne, for songs the warm wines of Italy, and finally, for such a romantic composition as 'Don Juan,' a moderate glass of the beverage in which the battle of the salamanders and the gnomes took place."

He soon noticed that after spiced wine he would "see fantoms and have thoughts of death."

He heard colors, then he heard odors and saw sounds. "The perfume of the dark red carnation had an extraordinary powerful magic influence upon him. . . . He would hear, as if at a great distance, the sounds of a horn alternately rising and falling." During a very severe attack of fever which he had he mistook his nurses for musical instruments. The flute was a friend who spoke very

[1] Arvède Barine: *Loc. cit.*

low and with a rather languorous voice, the bassoon was another with a deep bass voice.

Sometimes Hoffmann thought he could "emanate phosphorescence in the dark." One day, in a well-lighted room full of people he saw a goblin rise out of the parquet floor. When he was alone at night and seated at his work-table he was surrounded by ghosts and grinning figures. Fantastic tales seemed to spring into life about him with such realism that he was often seized with fright and he would go to awaken his wife. The patient Micheline would get up, put on her petticoat, and sit down near her husband to reassure him." He was afraid of becoming insane, but he looked upon each tale that he wrote as an "intellectual purgation," or "bleeding," which purified his brain.

He was little and deformed from his birth, but he became a "sadly tattered specimen of humanity, all the more piteous to see because there was something laughable about his being reduced to nothing, threadbare, shriveled, and lamentable. The nurse used to carry Hoffmann in her arms as an infant in the cradle. He found this very droll, but he found everything droll, even to the end."

6. Edgar Allan Poe drank, as Baudelaire has said, "like a savage." He would seize a glass of liquor, without water or sugar, and swallow it at a

gulp without tasting it. And then he had horrible hallucinations which he has described in his tales. He lived in thought among tombs, in the company of worms and coffins. He felt the very "essence of putrefaction" and knew the "sensations of dissolution."

Listen to this "Entrance of the Conquering Worm":

"But see, amid the mimic rout
A crawling shape intrude!
A blood-red thing that writhes from out
The scenic solitude!
It writhes—it writhes—with mortal pangs
The mimes become its food,
And the angels sob at vermin fangs
In human gore imbued."

"Once upon a midnight dreary . . . suddenly there came a tapping,
As of some one gently rapping, rapping at my chamber door. . .
Open here I flung the shutter, when, with many a flirt and flutter,
In there stepped a stately Raven of the saintly days of yore.
Not the least obeisance made he; not an instant stopped or stayed he;
But with mien of lord or lady, perched above my chamber door—
Perched upon a bust of Pallas just above my chamber door—
Perched, and sat, and nothing more."

And then began the celebrated scene that is so well known, in which the author puts a series of questions to which the raven invariably and lugubriously, with what Alphonse Daudet calls a "dark sob," replies with the fatal words "never more."

There is an element of paralyzing terror in all Poe's stories.

A brigand enters at night in an old man's room to kill him; the old man wakens and feels that somebody is there; the assassin realizes that the old man has awakened; and, in absolute silence, in total darkness these two men, each equally terrified, remain for an hour in each other's presence, without being seen, in a silent and inexpressible anguish. A brother has buried his sister alive; he hears her attempts to break open her coffin, but remains nailed to his seat by a fear that passes the bounds of human reason. A condemned man stupidly watches the sharp sword lowered upon his breast as slowly as the weights of a clock would fall. Another describes his sensations while the hand of a great clock slowly cuts off his neck.

The element of fright is accentuated; Poe's thoughts become more and more hideous; through the shadows pierced with red lights appear monstrous forms moving fantastically to the sound of a discordant melody, while surging toward the dark door a hideous crowd moves eternally and laughs, but never smiles.

Poe had a series of attacks of delirium tremens and died saying, "Lord, save my poor soul!"

One can understand why Barbey d'Aurevilly exclaims, "Since Pascal perhaps there has never been

a more frightful genius, or one given over to such terror and mortal agony, as this genius of panic, Edgar Allan Poe!"

The preceding picture of the semi-insanity of Poe was written[1] at the time when Lauvrière's[2] excellent study had not yet appeared.

The question of Poe's psychoneurosis is here fully treated. The book bears this epigraph: "The realities of the world affect me like dreams, and like dreams only, while the foolish ideas of the land of dreams become in turn, not only the material of my every-day existence, but in truth my very existence itself" (Bérénice). The author has made a complete analysis of the psychological phenomena of this patient (Briggs). Like Arvède Barine he sees in him a dipsomaniac, but he goes further. Such dipsomania, says he, is of itself only a sign which in this case is more noticeable than in many others of general nervous disequilibrium which is termed degeneracy. All the traits of degeneracy are present in Poe. They are as clearly written in his body as in his soul, in his poor haggard face with its Bohemian inspirations as in his most immortal pages of prose and verse. This mental and psychic degeneracy is the indelible mark of his very being. It explains everything in him: his

[1] "L'Alcoolisme Insidieux et Inconscient," Montpellier. Coulet.
[2] Émile Lauvrière: "Poe: His Life and Works." Paris, 1904.

strength and his weakness, his genius and his madness, his misfortune and his glory. Without it his life and his work appear merely as senseless monstrosities, but with it everything becomes clear, logical, and even harmonious.[1]

7. Thomas de Quincey[2] had a bad neuropathic heredity. His father died of phthisis. One brother was a hot-headed fellow who ran away and became a pirate. The others "were melancholy and of meditative temperament, and loved to sit around a fire when night was falling and shiver in silence while the shadows crept behind them with their host of mysterious forces." One of them, a crack-brained fellow, "tried to learn how to walk on the ceiling with his head down like a fly," but died before he had learned how.

He himself always had oppressive dreams and, at the age of ten, veritable hallucinations. When he was fifteen years old he composed lyric poems in Greek, then he became a wanderer and committed all the sorts of freakish eccentricities of a badly balanced student. He also had slight attacks of oppressive sleepiness which would seize him at any time. He frequented low clubs, studied philosophy, and took opium, actually taking in a sin-

[1] I shall refer later to this conception of talent as a manifestation of degeneracy.

[2] Arvède Barine: *Loc. cit.*

gle day 10,000 or 12,000 drops of laudanum, *i.e.*, several wine-glasses full.

After a short "poisonous honeymoon" he became subject to hallucinations, moral paralysis, and idiocy. He struggled in despair, but was always slipping down an abyss, at the bottom of which three specters lay in wait for him: madness, suicide, or spontaneous combustion. When he set fire to his papers and his books he would not let any one throw water on them to put them out, for fear of wetting them.[1]

In the same article Arvède Barine names the following men as having succumbed to the temptation of opium: Lord Erskine, the very pious William Wilberforce, and several other distinguished personages, chief among whom was Coleridge, that famous opium-eater, in comparison with whose achievements of De Quincey's were but innocent pastimes, and whose intimate life De Quincey himself has portrayed.

He quarreled with his wife and hired an attendant forcibly to prevent him from buying opium, but he managed to evade his man; he would announce a lecture and never appear to give it, or would fall asleep on the platform; he would get up

[1] Alfred de Musset was the first to translate into French "The Confessions of an Opium-Eater," by Thomas de Quincey. Charcot said of this work that it was as valuable from a scientific as from a literary point of view. Chronique Médicale, 1899, p. 32.

at night and appear in his night-cap with several layers of handkerchiefs tied over it. He put himself under the care of a physician and was cured of his opium habit.

8. Haller,[1] the celebrated physiologist, believed himself to be pursued of men, and condemned of God because of the ugliness of his soul and for his heretical works; and he took enormous doses of opium.

Jerome Cardan,[2] whose father believed himself to be guided by a spirit, had himself, by virtue of the astrological phenomena of the sky at his birth, many enemies of which the majority were unknown to him either by name or by sight. He was visited and assisted by a spirit who warned him of danger and who gave him palpitation of the heart. He had hallucinations of smell.

The same Jerome Cardan said in his autobiography that "he could not exist without suffering, and that when he found himself in such a state such an impetuous feeling arose within him that all other pains seemed to him to be soothing. While in this condition he also had the habit of torturing his body until he brought tears to his eyes." Ribot,[3] from whom this quotation has been taken, adds: "One would be able to make a curious study

[1] Lombroso: *Loc. cit.* [2] Lelut: *Loc. cit.*
[3] Ribot: "Psychology of the Feelings."

in psychopathology in following the inner life of Cardan, who was manifestly what in our days would be called an unbalanced neuropath."

9. Newton[1] became insane in his old age. He would deliver fantastic and incoherent lectures. While driving he would clinch his hands and defy Villars, whom he wished to fight in the Cévennes. He wrote confused and obscure letters which point to delusions of persecution, and he became melancholic. He had been absent-minded all his life. One could scarcely doubt, says Regnard,[2] that Newton became afflicted in 1694, *i.e.*, at the age of fifty-two, with a mental affection the precise nature of which it is difficult to determine. Henri Joly[3] cites the statement of Huygens, borrowed from Biot ("Mélanges Scientifiques et Littéraires"), that the illustrious astronomer Isaac Newton has suffered from a dementia for the past eighteen months (told in 1694, May 29). . . . Following this accident, having shown itself while he was at the house of the Archbishop of Cambridge, and having held a discourse which showed his mental alienation, his friends took care of him and treated him, by locking him up in his apartments and then administering to him, willy nilly, such remedies by means of which

[1] Moreau de Tours: *Loc. cit.*; Lombroso: *Loc. cit.*
[2] Regnard: *Loc. cit.*, p. 56. [3] Joly: *Loc. cit.*, p. 117.

he recovered his health to such a degree that he was enabled to comprehend his own "Principles."

10. Zimmermann died insane, hallucinating, and melancholic. O'Connell died of general paresis.[1]

All the newspapers have announced that the great painter Munkaczy had lost his reason and had been committed. Late in 1899 a letter of Mme. Munkaczy to the *Journal*[2] announced that the health of her husband had been suddenly and seriously complicated by a paralysis of the lower extremities. Furthermore, the cerebral faculties were completely dulled and blindness threatened the unhappy artist. His illness grew worse until his death.

Watt[3] died hypochondriacal.[4]

Manzoni, the author of "Fiancés," suffered from melancholia in his youth.

Oliver Cromwell,[5] once while lying on his bed, unable to close his eyes, saw the curtains part, and a woman of gigantic stature appeared and prophesied to him that he would be the greatest man in England. He had also violent attacks of bad temper.

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[1] Moreau de Tours: *Loc. cit.*

[2] Chronique Médicale, 1900, p. 15.

[3] Moreau de Tours: *Loc. cit.*

[4] Aristotle, says Maudsley, "Pathology of the Mind," has remarked that great men have a tendency to melancholia and hypochondria.

[5] Moreau de Tours: *Loc. cit.;* Lombroso: *Loc. cit.*

11. Goethe wrote much of his poetry while in a state somewhat resembling somnambulism; he had a character which alternated from extreme joy to great depression. He affirms having one day seen his own image come and meet him. Hahn[1] has taken up the question of the psychopathology of Goethe, following the work of Möbius on this subject.[2]

"His grandfather was somewhat visionary and had presentiments, premonitory dreams, and other occult phenomena. His sister was eccentric, abnormal, and degenerate. He himself said that from his birth he had had a tendency toward hypochondria. He had wholly unjustifiable attacks of anger in which he would act deliriously. He had a '*tædium vitæ*' with a tendency to suicide" (Werther). Möbius has likened his periods of production to the maniacal phase of circular insanity. In Goethe's works there are plenty of degenerates, hystericals, and even insane characters. He did not study these types in the insane asylums, of which he stood in horror; he observed them in himself or in the society which surrounded him.

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[1] Hahn: "The Psychopathology of Goethe," Chronique Médicale, 1904, pp. 321, 358.

[2] Möbius: "Ueber das Pathologische bei Goethe," 1898, and "Stachyologie," 1901, p. 91. See Chronique Médicale, 1906, p. 83, for the analysis of a work of Möbius on "Degeneracy in the Family of Goethe."

A spirit used to appear to van Helmont in all the important circumstances of his life. He thought of his own soul as a resplendent crystal.

Weber would forget on the second page what he read on the first. Fechner wrote the history of his disease—insomnia, attacks of prostration, weariness of life; he could no longer read, write, nor bear the light. He had obsessive ideas, and his friends considered him insane.[1]

Frederick II. had such a dislike of changing his coat that he did not have more than two or three throughout the course of his life.

Schiller, when he wanted to meditate, would put his feet on ice and would sniff the aroma of fermenting apples which he always kept on purpose in the drawer of his bureau.

Paisiello could not compose unless he was wrapt in six blankets in the summer-time and nine in winter.

Byron had an attack of convulsions when he heard Kean recite; he sometimes imagined that he was visited by a ghost.[2]

Gilbert Ballet[3] has described and minutely analyzed the hallucinations of Swedenborg, the theosophist of the eighteenth century, who established

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[1] Wechniakoff, *Loc. cit.* [2] Lombroso: *Loc. cit.*

[3] G. Ballet: "Swedenborg; History of a Visionary of the Eighteenth Century," 1890.

the cult of the New Jerusalem and who was the most fertile and original of all the hallucinatory mystics.

Darwin[1] appears to have suffered from serious chronic neurasthenia, and Wechniakoff describes the hallucinations of Fries.

6. A Few Great Musicians

1. Schumann[2] became lypemaniac. He was pursued by table-turners "who could tell him everything"; after their fall Mendelssohn and Beethoven used to tell him musical combinations. He tried to commit suicide. He died at forty-six years of age in the asylum of Dr. Richards at Endenich, near Bonn (Regnard), and at the autopsy they found cranial osteophytes, thickening of the meninges, and atrophy of the convolutions.[3]

2. Donizetti[4] died of general paresis.

Cabanès[5] has studied Donizetti's mental disorder. He became somber and defiant. A few months later he was committed to a sanitarium at Ivry. He no longer answered nor recognized

[1] Hahn: "The Neurasthenia of Charles Darwin," Chronique Médicale, 1901, p. 441.

[2] Lombroso: *Loc. cit.*

[3] A recent study by Möbius comes to the conclusion that Schumann had dementia præcox, and not paresis, as has been thought. —[Ed.]

[4] Moreau du Tours: *Loc. cit.*

[5] Cabanès: Chronique Médicale, 1906, p. 153.

any one. One hand was paralyzed, and he would guzzle his soup like an animal. At one time he showed that he thought he had something on top of his head which he could not dislodge. He was sent away from Ivry and died at Bergamo at the house of his nephew on April 8, 1848.

3. Chopin[1] during his whole life suffered from excessive nervousness, which grew worse at times and was such a perpetual torment to him that it caused George Sand to say that the merest trifle, the wrinkle in a rose-leaf, the shadow of a fly, would make him bleed. He died of tuberculosis at the age of thirty-nine; his sister died of the same disease at sixteen.

4. In connection with Wagner, Cabanès[2] has compared two curious criticisms of Nietzsche and Nordau. Nietzsche said, "Wagner is diseased," a "typical decadent." "The problems which he puts upon the stage are purely hysterical problems." The explosiveness of his temperament, his irritable sensibility, his taste, which always demanded the most highly seasoned foods, his instability which he disguised by principles, and, above all, the choice of his heroes and his heroines, which, considered from the physiological stand-

[1] Cabanès: "Celebrated Phthisicals. The Disease of Chopin, According to Unpublished Documents," Chronique Médicale, 1899, p. 673.

[2] Cabanès: Chronique Médicale, 1903, p. 674.

point, form a gallery of patients; all these combined form a disease picture which leaves no doubt that Wagner was a neuropath. To physicians and neurologists Wagner represents the most interesting, at least a very complete, case.

Max Nordau says "that Richard Wagner is accused of having a greater degree of degeneracy than all the degenerates that we have thus far seen put together. The stigmata which are found in him are most complete and richly developed. He presents in his general mental constitution persecutory delusions, ideas of grandeur and mysticism; in his instincts a vague philanthropy, anarchism, and a spirit of revolt and contradiction; in his writings are found all the characteristics of graphomania, *i.e.*, of incoherence, flight of ideas, and a tendency toward silly puns, with, as a fundamental element of his nature, a characteristic emotionalism that is both erotic and religious."

5. Mozart[1] is the type of precocious mind. He played the harpsichord at three years of age, accompanied quartets and composed concertos at five, and undertook his first concert tour in Vienna at six. He was extremely nervous. At the age of ten one had only to show him a trumpet and he would run away, if one persisted he would disap-

[1] Barraud: "What Was Mozart's Disease?" Chronique Médicale, 1905, p. 737.

pear. At fifteen he fell in love with a girl ten years older than himself. He accomplished an enormous amount of work,[1] but his constitution became enfeebled very early. He would faint or have to go to bed for nothing at all. In the last months of his life he was possest "of a dreadful fixt idea, a truly insane hallucination." He thought he was obliged to work upon his own funeral mass. He constantly saw before him a man who commanded him to compose this requiem. "I always see him standing there; he hurries me and incessantly asks me about it and urges me to compose in spite of myself, and when I wish to stop, the rest tires and harasses me more than the work."

6. Beethoven became deaf at the age of thirty, that is to say, he never heard his most beautiful masterpieces played.[2] At the same time he was a very eccentric character. "A sort of genial disorder reigned in his mind." He preferred ice-water to wash in. He always used several pitchers of it for his toilet. He would lift it up with his hands, scolding all the while, and dash a quantity

[1] He composed 179 works, "the task of a Titan," and died at the age of thirty-five.

[2] Klotz-Forest: "The Deafness of Beethoven," Chronique Médicale, 1905, p. 321; Baratoux and Marcel Natier, *ibid.*, p. 492; Pierre Bonnier et Garnault, *ibid.*, p. 521; Klotz-Forest: "The Last Illness and Death of Beethoven," *ibid.*, 1906, pp. 209, 241.

of water on his face and his hair without noticing that it made a pool on the floor, in which he splashed about like a duck. Often the water would go through the floor and stain the ceilings below; . . . in his endeavor to mitigate the heat which frequently inconvenienced him while at work he would often plunge his head into a basin of the coldest water possible. He also had a habit, which was none the less troublesome, of going off some fine morning and of staying whole days in the heart of the woods, always composing and exposing his head, which was always uncovered, to dampness and storm. He seems to have died of atrophic alcoholic cirrhosis.

7. Rossini's psychic disturbances have recently been brought to notice by the *Chronique Médicale*,[1] which has called attention to the study of Filippi (1892).

Rossini suffered from severe neurasthenic attacks from his fifty-fifth year.[2] In 1850 he had shown some very apparent psychic and cerebral disturbances, which grew worse until 1852. He became deprest and often was taken with fits of weeping, attacks of despair, and impulsions to suicide. He complained chiefly of an intolerable sense of coldness in his hands and of lack of sleep. " . . . I feel all the miseries of a woman," said he

[1] 1906, p. 225. [2] He was born in 1792.

in 1854, "the only thing that I lack is a uterus." He tried magnetism without success and returned to Paris in 1855 for hydrotherapy. In nineteen years Rossini had written thirty-six operas; he suddenly ceased to write at the age of thirty-eight, after having written "William Tell."

8. Berlioz[1] relates how one day, having to write an article and seeing nothing come from his pen, he was taken with a frightful despair. With a kick of his foot he broke his guitar and seized his pistol with the intention of putting an end to his days. This attempt at suicide was repeated later. His monomania of believing that he was unfortunate and persecuted, his habit of attaching the utmost importance to trivial details, the credulity with which he regarded the visions of Swedenborg, who pretended to know the language of demons; all of these eccentricities, in a word, as Frederick Hellouin has very well put it, seemed to be the expression of some sort of lack of coordination in a man on whom the shadow of such a disease has fallen. Berlioz suffered, it appears, in the latter part of his life from intestinal neuralgia, and his death was preceded by epileptiform convulsions.

[1] "The Neuropathy of Berlioz," Chronique Médicale, 1906, p. 312.

7. Celebrated Epileptics and Suicides

1. I have already spoken of Dostoiewsky and of Flaubert. Lombroso also cites as having been epileptic Napoleon, Molière, Julius Cæsar,[1] Petrarch, Peter the Great and his son, Mohammed, Hendeln, Swift, Richelieu, and St. Paul.

This, however, does not seem to have been scientifically demonstrated for several of these.

Charles V. was the son of an insane man and a grandson of a melancholic. He stuttered, and, according to Michelet, seems to have had epileptic attacks in his youth.[2]

Gelineau[3] says that Aristotle was the first to observe that epilepsy attacked many men of talent and intelligence. Then he names as epileptics Hercules, Ajax, Empedocles, Merachus the Syracusan, Saul, Macbeth, Socrates, Livius Drusus, Amurat, Newton, Molière, Pascal, Schiller, Mozart, Paganini,[4] Wagner, and Mme. Malibran. He, however, eliminates Napoleon[5] from his list, as Michaut[6] effaces Richelieu and Molière. Re-

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[1] See Dubois d'Amiens: L'Académie de Méd., 1868.

[2] Moreau de Tours: *Loc. cit.*

[3] Gelineau: "Celebrated Epileptics," Chronique Médicale, 1900, p. 545.

[4] Paganini was also subject to catalepsy.

[5] See Cabanès: "Indiscretions of History," 3d s., 1906, and J. Noir: Progrès Médical, 1906, p. 421.

[6] Michaut: Chronique Médicale, 1900, p. 672.

gnault[1] has been very justly criticized concerning epileptics. He includes in the neurosis "anybody who is subject to an attack of fury," like Hercules, Ajax, and Saul; those who have attacks of vertigo or hysteria or absent-mindedness due to a fixt idea. This whole subject should be submitted to a severe revision.

2. According to Lombroso, the list of great men who have committed suicide is interminable. It is headed by the names of Zenon, Aristotle, Hegesippus, Lucretius, Lucian, and comes down to Chatterton and David.

Others who have thought seriously of it or have made attempts are Chateaubriand, Lamartine, Dupuytren, Cooper, Pariset, Cavour, and George Sand. Moreau de Tours adds St.-Simon as one who committed suicide under conditions which denoted mental disorder. Trélat cites the author Saint-Edme, who put himself to death and "who minutely described the last impressions of his last night." In *Figaro* (December 16, 1899) may be found the following: "We have just learned of the death of Planitz, a very widely read German author, who has killed himself during an attack of melancholia. It is now a rather long time since Marc Antony and Cleopatra, foreshadowing the modern 'Suicide Club,' established the 'Syria

[1] Félix Regnault: Revue de l'Hypnotisme, 1900, 1901, p. 270.

Posthumous Academy,' composed of persons determined to die and whose sole interest in life was to find the pleasantest means of gracefully departing this life."[1]

III. RÉSUMÉ AND CONCLUSIONS

The Relations of Intellectual Superiority to the Psycho-Neurosis

There are two things which must certainly be noted at the conclusion of this chapter:[2] First, not all the facts quoted have equal documentary value. Many may be inexact or open to question. I have tried nevertheless to complete and to verify the somewhat questionable statements of Lombroso by those of other authors, and it seems to me that the most critical must admit this fact, that *intellectual superiors frequently possess psychic defects* which are sometimes very marked.

In the second place there is great disparity between the various subjects, as much from the point of view of their intellectual superiority as from that of their psychoneuroses. Yet this is of but slight importance to my theme; it is sufficient

[1] Moreau de Tours: "Les Excentriques," Études Psychologique et Anecdotique, 1894.

[2] In the work of Lauvrière, already cited, one will find an extended list of intellectual superiors and psychoneuroses which will complete the present chapter. One will also find names to add to my list in Gelineau's work, already cited.

to say that these individuals with psychic defects may often *have a high social value*, and this appears to me to have been demonstrated.

This, then, is the question: What are the relations which unite this intellectual superiority and a psychoneurosis which is so often found together in the same individual? The most distinguished among those who have studied this question have come to the conclusion that the intellectual superiority is a consequence, an effect, a symptom of the neurosis, and they have finally come to identify genius and insanity in their essence.

Diderot (cited by Lombroso) had already said: "Oh, how near genius lies to insanity! Those whom heaven has marked for either good or ill are subject more or less to these symptoms. They have them more or less frequently, more or less violently. They are shut up or put in chains, or else they have statues erected to their memory." And elsewhere: "Men of a pensive and melancholic temperament need but the slightest derangement of their minds to show that extraordinary and almost divine perception which flashes out at intervals and which culminates in ideas which are sometimes sublime and sometimes insane" (Gilbert Ballet).

Moreau de Tours was the first scientifically to formulate this famous doctrine: "Genius, that is

to say, the highest expression, the *ne plus ultra* of intellectual activity, is a neurosis! Why not? We may easily accept this definition." It states succinctly the morbid nature of genius.

Lombroso has gone much further than this and has not only taught that genius is a neurosis, but according to him genius is a special neurosis. It is epilepsy. "After all this," says he (page 482), "we can, without fear, state that genius is a true degenerative psychosis, belonging to the group of moral insanities which may temporarily spring from other psychoses and take their form, but always conserving certain special characteristics which distinguish it from the others," and (page 484) "genius creation is a form of degenerative psychosis belonging to the family of the epilepsies."

Thus, as Regnard has said, they have lumped the criminals to the great men. The hypothesis of Lombroso has been energetically combated in various quarters (Regnard, Toulouse, Henri Joly, Rabaud . . .) and can not be scientifically upheld at the present time.

In the first place the coincidence of epilepsy and of genius is not very frequent. The examples already cited are few in number and for certain of them the diagnosis is in need of discussion and of revision.

To this, Lombroso replies that genius is a non-convulsive manifestation of epilepsy, that it may replace the convulsions and be their equivalent, but then he ought to find some of the characteristic epileptic symptoms in addition to the manifestations of genius. Therefore there is nothing in this. Epilepsy has by no means the monopoly of the psychic defects noted in many superiors. Sudden onsets and intermissions, unconsciousness, and ulterior amnesia, all of which are found accompanying inspiration, are also found in simple distraction, and one can by no means say that all great distractions are epileptic.[1]

Among the most seductive ideas of Moreau de Tours there is still one idea to refute: that is, the notion that intellectual superiority should be considered as a disease, as a neurotic manifestation.

There may perhaps be morbid symptoms characterized by exaggerated, or excess of, function. And yet I believe that there is always a little touch of *para* in all the *hyper* disturbances. At all events, not all exaggeration of function is morbid.

[1] "The narrow ideas concerning madness, which have broadened in our days, have led our historic judgments seriously astray in matters of this kind. A state in which one says things of which one has no knowledge, or when thought takes place involuntarily and without control, now renders a man liable to be shut up as suffering from a hallucination. In former times this was called prophecy and inspiration." E. Renan: "Life of Jesus," cited by Gilbert Ballet, *loc. cit.*, p. 223.

In order that functional exaggeration be considered as diseased it is necessary for it to hinder normal functioning; thus chronic movements, excessive motor disturbances hinder the normal motor functions; but intellectual superiority does not interfere with normal intellectual activity; on the contrary, it exalts it; therefore it is not morbid.

Another thing that proves that intellectual superiority is not a consequence or a symptom of a neurosis, is that many people may, for example, have a neurosis like that of Pascal without having his genius, exactly as they might have a nose like Cyrano's without having his wit, or might be pockmarked like Mirabeau or Danton without having their eloquence.

The hypothesis of Moreau de Tours is therefore no more tenable than that of Lombroso.

Another hypothesis, which is upheld by Réveillé Parise, would maintain an inverse relationship between intellectual superiority and neurosis, *i.e.*, the neurosis is the consequence of the superiority; and, in fact, intellectual overwork, the strenuous life, and the desire to know for oneself every sensation in life, certainly drain the nervous system of superiors, and may, in many cases, aid powerfully in the development of the neurosis.

"Thinkers and savants," says Wechniakoff, "who, in a given time, have devoted themselves to

a more or less coordinated complex mental exercise of the many and various elements of their nervous system, men of pronounced originality, such as the students of special and general philosophies, have succumbed to a premature biologic decadence." Tardieu says that "while well-balanced people, whether brilliant or mediocre, avoid numerous perils to which the more rash succumb, exhaustion, an element of tire, is the fate of the emotional and those who live too rapidly and plunge into passionate excesses, who live by gambling and competition, adventures and follies, such pass from one intoxication to another, and overstrain keeps their nerves in perpetual excitement by perilous adventures." Arvède Barine shows that a host of human beings were driven to follow the footsteps of Gérard de Nerval "by the harassing tire of a hard and wearing life, or the pressure of a too complicated civilization, or through the use of alcohol or morphine." Sainte-Beuve (quoted by Cabanès) has said that a writer does not write only by means of pure thought, but with his blood and his muscles. He therefore uses his whole body.

All this is true. But the neuroses developed in youth, or even in infancy, the *hereditary* neuropathic defects observed in the superior, as well as in his ascendants, his descendants, and his collat-

erals, can not be explained in this manner.[1] In the same way when Baudelaire would take to drink in order to allay the terror which his hallucinations caused him, one could not attribute these hallucinations to alcohol. One can not therefore formulate in a general law the relationship which would make a neurosis derived from intellectual superiority.

What then shall we conclude?

Scientifically, one thing only is demonstrated: that is, *the frequent coexistence of intellectual superiority and a neurosis in the same individual.* This coexistence is too frequent to be fortuitous, and one should not say, with Henri Joly, that Lombroso's book has nothing in it but a *simple* and *puerile* system, and that everybody's head may be afflicted as well as his heart or his intestines,

[1] According to Lombroso, the sons of Tacitus, Bernardin St. Pierre, Mercadante, Donizetti, Volta, Manzoni, a daughter of V. Hugo, the sister of Kant, the brother of Zimmermann were insane. The son of Scipio Africanus was an idiot, and the son of Cicero was a drunkard. The father of Beethoven was a drunkard, Byron's mother was partly insane, and his father dissolute, impudent, and queer; Renan's paternal uncle was a demi-fou and led a wandering life, and his grandfather lost his mind through grief in 1815. Moreau de Tours adds other analogous examples on the heredity of Frederick the Great, Richelieu, and Hegel. Henri Joly says that a sister of Robespierre was a patient at La Salpêtrière, and adds this passage from Aristotle: "The energetic races turn into wild extravagant characters like the descendants of Alcibiades and of Denys the Ancient; the calm races become sottish and stupid; witness the descendants of Pericles and Socrates." See also Féré: "La Famille Névropathique," 189, p. 448.

and that certain superiors become insane just as others have inflammation of the lungs. Neither must one say, with Faguet, that the neuroses appear more frequently in superiors because they are better known, nor with Bourget that such neuroses are either a bluff or a wilful exaggeration, a pose or a form of snobbishness, and that they are put on or magnified for the mystification of the philistine.[1]

No! the law of frequent coincidence is established, but the derivation is not, and the truth lies simply in the idea of a common foundation. Intellectual superiority and psychoneuroses are distinct branches springing from a common trunk.

This common root is characterized by a very marked nervous temperament and an acquired or hereditary neuropathic state.

Furthermore, the psychic centers are essentially multiple and complex; they do not form in any person a homogeneous whole of which the parts are all uniformly developed. It can be understood how in the same person certain centers may develop exuberantly, while others suffer and become diseased. A curious example of such unequal development of the psychic centers is

[1] The philistine is evidently a healthy, well-balanced individual; as Max Nordau has said, he is a lucky fellow who has always succeeded; he is the normal man of Lombroso.

furnished by calculators such as Inaudi and Diamanti.[1]

That is to say, that when the same man is both neurotic and superior, he is neurotic by virtue of one zone of his nervous system, and superior because of another. When Pasteur discovered the remedy for hydrophobia he had had a paralysis due to a brain lesion. Evidently the neurons with which he made his discovery were not the same as those affected by his disease.

The common trunk which unites superiority and neuroses is a temperament, but is not a disease.

Medically, therefore, genius and superiority are by no means to be considered as diseases to be treated and cured. The superior keeps his high social standing, which he must protect and develop; he is not necessarily ill,[2] and if he be so it is not by reason of his superiority, but because of a coexisting neurosis which it is admissible to advise upon and treat, to take measures against it, and, if possible, to cure.

In rejecting the superior individual in a group of healthy people one does not as a result thrust

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[1] See Binet: "Psychologie des Grandes Calculateurs et Joueurs d'Échecs," 1894.

[2] "Neuropathy is not Indispensable to Genius" (Féré), "Pathology of the Emotions," 1892, p. 529.

him into the mediocre class. By lopping off a diseased branch, healthy branches grow all the more vigorously. It would have been wholly ridiculous to have wished to cure Pascal of his genius, which was not a disease; but if he could have been cured of his neurosis his genius would have lost nothing by it, but quite the contrary. If it had been possible to prevent or cure the madness of Guy de Maupassant, the number of his masterpieces would certainly have been increased.

I believe then that I can say, as I said in 1900, *genius is not a neurosis; but a neurosis is more often the penalty of genius.*

Lauvrière concludes his recent study of the question thus: "As it is materially as well as logically almost impossible that one and the same brain should have an equal altho disproportionate development of all the cerebral elements, it is consequently natural that we can scarcely expect to find universal geniuses any more than geniuses who are perfectly well balanced, and that in our poor and very imperfect world we ought to be content with partial geniuses whose inferiorities, of which we occasionally catch a glimpse, are too often only the darker accompaniment of more shining superiorities."

Intellectual superiority, therefore, is not a symptom of neurosis. The neurosis is rather the scar

or accident of superiority. It is not the cause, it is the obstacle.[1]

I will end with these conclusions, which seem naturally to follow from the preceding development:

1. Many intellectual superiors have more or less marked psychic defects.

2. Many have psychoneuroses. Therefore certain of the semi-insane have a high social value which distinguishes them absolutely from the insane.[2]

3. Psychoneuroses and intellectual superiority, when they coexist in the same individual, are not consequently the same or dependent the one upon another. The fact that certain demifous have a social value does not do away with the duties and rights of society toward these patients, either in

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[1] As L. Bourdeau has said, "well-balanced faculties do not as a rule lead to anything more than happy mediocrity. The tendencies of genius depress certain faculties and exalt others. There is in genius an element of nervousness which gives it, as it were, its force and energy," or, as I would like to add, too often limits its power.

[2] "Confirmed insanity is the greatest of misfortunes, and it is quite enough. As to the lighter forms of mental aberration they have in many cases a wholly different significance, in that a slight degree of madness is equivalent, for some minds, to an inheritance of nobility, so that one can say without exaggeration that when the day comes that there are no longer any demifous the civilized world will perish—not from its excess of wisdom, but from its excessive mediocrity." Cullerre: "Les Frontières de la Folie," 1888, p. 9.

the matter of taking care of them or of protecting itself against them.

The first conclusion is the end of the present chapter; the second is the justification of the chapter to follow.

CHAPTER V

Rights and Duties of Society toward the Semi-insane

I. Harmfulness of the Semi-insane.

1. *Misdemeanors of the Semi-insane in the Regular Enjoyment of their Rights as Free Men.*
   1. The Semi-insane may Live in Freedom, in the Regular and Legal Enjoyment of their Rights as Citizens.
   2. Misdemeanors which They May Perform in this Rôle.
      a. Marriage.
      b. Malicious Deeds.
2. *Crimes of the Semi-insane. Semi-insanity and Criminality.*
   1. Relations of the Criminal Born and of Moral Insanity according to Lombroso.
   2. Criticism of Lombroso's Ideas.
   3. Semi-insanity and Criminality.

II. Treatment and Prophylaxis of the Semi-insane.

1. *Treatment.*
   Duties of Society in Regard to the Treatment of the Semi-insane Poor.
2. *Prophylaxis.*
   1. Possibility of Individual Family and Social Prophylaxis for the Semi-insane.
   2. Medical Supervision of Marriage (Foundation of the Family).
   3. Medical Supervision of the Bringing up of the Child and the Making of a Citizen (Physical, Intellectual, and Moral Education).
      a. Physical Training.
         α First Year.
         β From First to Seventh Year.
         γ From Seventh to Thirteenth Year.

d From Thirteenth to Eighteenth Year.

b Intellectual and Moral Training: Academic Education and Supervision, Choice of a Profession, Military Service, Political Life.

4. A Few General Hygienic Rules for those with Predisposition to Nervous Disorders.
   a. Causes of Nervous Diseases.
   b. Genital Life, Professional and Social Life.

III. The Semi-insane and the Law. Semi-responsibilty. Limited or Attenuated Responsibility.

1. *Medical Idea of Responsibility.*
   1. The Medical Idea of Responsibility can not be Based on the Philosophic Notion of Free-will or of Determinism.
   2. It is only on a Physiopathological Basis that there can be Built up an Idea of Medical Responsibility which all Physicians can and Ought to Accept, whatever may be their Philosophic or Religious Convictions on Free-will and the Soul.
   3. Responsibility and Culpability. The Physician and the Magistrate.
   4. Medical Idea of Responsibility according to Contemporaneous Authors.
      a. The Italian School—Lombroso, Ferri, Garofalo.
      b. Objections by the French School: Fouillée Paulhan. Tarde. Ferri's Reply.
      c. The Idea of Physiological Responsibility without any Reference to the Idea (whether Affirmative or Negative) of Free-will. (Saleilles.)
   5. The Responsibility of a Subject is Based upon the Normal Condition of His Psychic Neurons.

2. *Attenuated Responsibility.*
   1. Difficulties and Misunderstandings of the Question. Contradictory Opinions. Denial of Responsibility.
      a. Humorous Denials.
      b. Scientific Negations.
   2. Necessity for Distinguishing between the Medical Question of Attenuated Responsibility and the Social Question of the Legal Attitude to be Adopted toward the Semi-responsible.
   3. Medical Question of Attenuated Responsibility.

a. Statement of the Doctrine.
b. Reply to Objections.
c. Confirmatory Opinions of Various Authors.
d. Conclusions.

4. Social Question of the Legal Attitude to be Adopted toward the Semi-insane.
   a. Attenuated Responsibility in Relation to the Laws as they Stand. (Certain Legislations Permit a much Greater Abridgment in Special Cases.)
   b. Objection to the System of Shortened Punishments.
   c. The Principles on which Reforms Ought to be Based.
   d. Modifications to be Brought to Bear upon Punishment.
      α Diminution of Punishment.
      β Special Penitentiary Régime.
   e. Surveillance and Treatment after Punishment.
      α Necessity of Legal Obligation.—Medical Supervision and Treatment after the Expiration of a Sentence should be Incorporated in the Law.
      β Special Institutions for Surveillance and for this Treatment.
      γ Duration and Limitation of this Medical Supervision and Treatment.
   f. The Authority which shall Pronounce upon Attenuated Responsibility.
      α Rôle of the Physician.
      β Rôle of the Judge.
      γ The Necessity of Including the Semi-insane and the Idea of Attenuated Responsibility in the Reform of the Law of 1838.

I BELIEVE that I have shown in the preceding chapter that the semi-insane are very often intelligent, so intelligent, in fact, that they may be men of talent and even of genius, and consequently are not always without social value, but have often made a marked difference in the literary or artistic progress of their century. In the third chapter we learned that the semi-insane are

sick people and that they must be cared for. From the two chapters combined we may conclude that if we must care for them, we must not treat them like the insane and deny them freedom and the right to public life by declaring them incapable by simply shutting them up unconditionally in asylums.

How may we establish the legitimate value of the present chapter, which is the object and reason for the existence of this book? The existence of the semi-insane, such as we know them, is the starting-point of a social question of the greatest importance: What ought to be the attitude of society, and what are the duties and rights of society, toward them?

To state this very important and difficult question exactly it is first necessary to establish the idea of which we have had glimpses in the preceding pages, but which I have not yet proved, viz., the idea of the harm which the semi-insane may do.

I. HARMFULNESS OF THE SEMI-INSANE

The semi-insane are hurtful to their fellows, and some of them are even dangerous, either all through life or at least at certain periods of their morbid development. They may at first be per-

nicious without committing any illegal or reprehensible acts, merely by the exercise of their rights as free men. They are particularly detrimental to their neighbors and to society when they marry and establish a family by bearing and bringing up children. In the second place the semi-insane are sometimes harmful by committing misdemeanors and real crimes; they set fire to buildings, they steal, commit violence, attack, and even assassinate.

Roubinovitch has very aptly said: "Under the appearance of a seeming but deceitful lucidity, they have a superficial but inconsistent conscience, and, above all, a waxlike will which never succeeds in governing their desires and low instincts. When these latter pursue them, like the fierce and cruel bloodhounds of which Shakespeare speaks in one of his works, they are not able to resist them, and simply let themselves go, as they often tell us, without thinking of or without reflecting upon the consequences. Some insist that they know what is right and what is wrong, but they know it only theoretically. When they are possest by tormenting desires which tempt them, their conscience is too weak to stop them, while their natural appetites, on the other hand, are voracious and insatiable."

1. Misdemeanors of the Semi-insane in the Regular Enjoyment of Their Rights as Free Men

1. From all the medical descriptions which I attempted to bring together as a whole in the third chapter it is clearly evident that the typical characteristic of semi-insanity is this very lucidity which the patients retain; they appear as rational in public as anybody else; as a result, they are not only permitted to go about freely, but they enjoy all the rights of a free citizen; they can buy and sell, enter upon and take charge of business affairs, marry and bring up a family, direct the education of their children, and draw up bequests and wills.

"The lucid semi-insane," says Trélat, "in spite of their unbalanced condition, can answer correctly any questions which are put to them; to the superficial observer they have no appearance whatever of insanity, and often it is impossible to discover or guess their condition except in their family life." Also, "the persons who must undergo the discomforts of their presence may go for a long time without receiving any sympathy or any support from outside. It is not only the laity who are deceived in such instances, but even physicians when they receive the secret confidences of family troubles."

This is not so often seen to-day, for the majority of physicians are much better able to recognize semi-insanity than they were in Trélat's time (1861). This misconception of semi-insanity on the part of the public is such that a semi-insane man may often make everybody believe that he really is persecuted. "The pose of martyr, which the greater number of them are prone to assume, often leads opinion astray," adds Trélat. "This is one of the greatest misfortunes of the situation, for it adds unjust accusation to suffering." We shall now take up all the evils which can be committed by the semi-insane with undisputed liberty and all the rights which the law permits them.

(*a*) First and most important, they unfortunately may marry. Parents, far from opposing their marriage, more often encourage it, and hide the psychopathic defects of the fiancé from the other family. "There are very few," says Trélat, "who have the honest courage to tell the truth." And as a result of *marriage* they bring misfortune and suffering to their partner.

In a case which Trélat describes, "the young woman had not been able to see anything but the fine figure of the man whose titled name she was going to take, for they had kept her in ignorance of his mental weakness and his low habits. Barely a week had passed before the bride, who was as

fresh and beautiful and charming as she was young, discovered that 'M. le Comte' spent all his mornings and gave his whole attention to making his excrement into little balls and arranging them in a row according to their size on the marble mantelpiece in front of the clock."

Furthermore, one meets a great many monomaniacs "in the world who are perfectly free, mingling in affairs, marrying, and transmitting and propagating their infirmities, and afflicting their families." For this is the second danger of the marriage of the semi-insane; they not only bring misfortune to their households, but they bequeath a deplorable heredity to the family which they have brought into the world.

The marriage of the lucid semi-insane "is always unfortunate for the partner, and very often for the children who spring from such a union."

(*b*) The *malicious deeds* of certain semi-insane are innumerable. "There exist among the semi-insane those who, while conscious of all that they do, occupy themselves with nothing except to plan and carry out wicked deeds. Some break and destroy objects of greater or less value, either permitting or planning to have suspicion and blame fall upon others; some do not hesitate at anything and will set fire to buildings whenever they get a chance. Others, and sometimes the same as those

we were speaking of, find an irresistible and keen pleasure in stirring up troubles and dissension among those around them." Such a patient of Trélat's had frequently been convicted of thefts. "This woman, who could speak several languages and was an artist and musician, alternately led a regular life and one of the most disordered and perverse character. She would at times give herself up to a perfect frenzy of debauch and to the most cleverly concealed thefts." At the same time this low, degraded being would, by her ability in speaking languages and by her knowledge, be able to make a most favorable impression and to be received everywhere at once. She was a number of times introduced into educational institutions where she actually lived for a greater or less time. Others ruin their family by their inventions, their escapades, their business enterprises, and their absolutely unconsidered gifts.

An unhappy woman wrote to me recently: "I have the great misfortune to be the mother of a malicious unbalanced son, twenty years of age. From his earliest childhood he has always done wrong. He is absolutely unmoral; while growing up, his vicious tendencies were so marked that we were obliged to send him from home. He has been abroad, where he continues his wicked life; he is very anxious that I should let him come

back; but I am in an agony of mind to know what I shall do with him. Liberty for such a conscienceless creature is not admissible. The insane asylum is still less so. Everybody, even those around me, consider him to be a wicked fellow, but in possession of his reason. At twenty years of age it can not be that he is hopelessly lost both to his mother and to society."

What shall we think of a will made by a feeble-minded congenital epileptic as observed by Trélat in 1841, as a result of which the family appointed legal counsel for him (without taking away his liberty to make a will)? Another examination made in 1845 declared him legally incapable of managing his own affairs. Trélat and all alienists quote a great many examples of the semi-insane; in fact, even the families of the semi-insane who committed suicide.

Without dwelling longer upon this subject,[1] one may get an idea of how many misdemeanors the semi-insane with freedom in society may be culpable, and one can understand Trélat writing his own work, less in the interests of the insane "than in the interests of their kin and absolutely with the object of declaring a dangerous condition, and

[1] See again Roubinovitch: "Les Détraqués Nuisibles," Le Matin, November 12, 1905; Lucien Descaves: "Demifolles," Le Journal, February 20, 1906.

of diminishing if possible the number of unfortunate unions." This book, he has said elsewhere, is entirely devoted to the examination and study of the semi-insane, who, of all human beings whose minds are afflicted, are the most compromising or the most dangerous.

2. Crimes of the Semi-insane, Semi-insanity, and Criminality

1. *Relations of the Criminal-born and of Moral Insanity according to Lombroso.*—We know Lombroso's ideas and from what a narrow point of view he regards the doctrine of semi-insanity.

According to the celebrated leader of the Italian school,[1] criminality should be submitted to a very narrow and exact test of determinism; he admits a "true necessity in crime," then distinguishes "with great exactness the criminal-born not only of criminal occasion but still more the criminal insane and the alcoholic," at the same time that he effects the "fusion between the two conceptions of the criminal-born and of the morally insane, a fusion which has already been perceived and affirmed by MM. Mendel, Bonvecchiato,

[1] César Lombroso: "L'Homme Criminel. Criminel-né. Fou Moral. Epileptique. Criminel-fou. Criminel d'Occasion. Criminel par Passion. Étude Anthropologique et Psychiatrique," Bibliothèque de Philosophie Contemporaine, 2ème édit. Française sur la 5ème édit. Italienne, 2 vols., 1895. Paris, F. Alcan.

Sergi, and Virgilio, but which could not be admitted with certainty as long as the boundaries were so badly defined and lacked a true scientific description."

At the same time he admits that "the morally insane have nothing whatever in common with the truly insane. They are not, so to speak, actually diseased—they are a *sort of moral cretin*." In addition, while making ancestral heredity (atavistic characteristics) play the chief and most important rôle, he also admits acquired characteristics and characteristics which are pathological, "for example, facial asymmetry which does not exist among the savages, unilateral paresis, strabismus, dissimilarity in the ears, dyschromatopsia, unilateral paresis, irresistible impulsions, the urgent necessity of doing harm for harm's sake, etc., and that sinister gaiety which is noticeable in the slang of criminals, and which, alternating with a certain tendency toward religiousness, is often found among the epileptic. Add to these the meningitides, the softenings of the brain, which certainly do not spring from atavism," and he ends up "by associating the morally insane and the criminal-born with a branch of the epileptoids."

He successively studies: 1. *The embryology of crime* (crime and the lower organisms: plants and animals—crime and prostitution among the sav-

ages—moral insanity and crime in children); 2. *Pathological anatomy and anthropometry of crime* (examinaton of 383 skulls of criminals—anomalies of the skeleton, heart, liver, etc.—anthropometry and physiognomy of 5,907 criminals); 3. *The biology and psychology of the criminal-born* (tattooing among criminals—phenomena of molecular changes: temperature, pulse, urine, etc.; general sensibility, algometry, etc.—affective sensibility —suicide among criminals—sentiments and passions among criminals—direct or indirect repetition of offense; morality of criminals—religion of criminals—intelligence and instruction of criminals—slang—hieroglyphs and writings of criminals, literature of criminals—art and industry among criminals); 4. *The moral and epileptic insane* (the moral insane — epileptic—irresistible force—synthesis); 5. *Criminals by passion* (suicides of passionate and unbalanced people—political criminals of passion); 6. *The criminal insane* (statistics, biology—psychology; analogies of criminal movements and behavior among the criminal-insane and criminal-born—psychology; differences according to the different kinds of mental diseases — alcoholic criminal — hysterical criminal — mattoïde criminels—synthesis); 7. *The criminal of opportunity* (opinions of authors; popular proverbs; official statistics; criticism—pseudocrimi-

nals; criminaloïdes; their physical and psychic characteristics, criminals of habit—associations of malefactors—latent criminals—epileptoïdes).

Lombroso admits that the "proportion of the criminal-born is about 40 per cent." of the whole number of criminals, and he concludes, on the point which here interests us the most, that the analogy between the morally insane, the criminal-born, and the epileptic will settle once for all a difference of opinion which until now might be said to be endless between moralists, jurists, and psychiatrists, and which sometimes makes itself manifest among the different psychiatric schools. The situation was all the more delicate because, by some remarkable chance, everybody happened to be in the right. In short, on one side they objected, with good reason, that the characteristic traits attributed to the morally insane belonged by rights to the criminal semi-insane; on the other hand, they were not wrong to maintain that the various characteristics of the criminal-born were reproduced with the greatest exactness in many cases of moral insanity. We are able thus to understand why very eminent savants were not able to agree upon the diagnosis of a criminal, and why they have declared individuals guilty who were unquestionably insane, or at least unbalanced, like Guiteau. Menesclou, Verzeni, Prunier, Agnoletti,

Lawson, Militello, Garayo, and Passanante. One understands why Cacopardo, examining the cases attributed to moral insanity by Pinel, has maintained that they should be considered guilty; and also that nearly all the morally insane of Bigot are true criminals. According to Krafft-Ebing, the penitentiaries are filled with the morally insane, this is because he has looked for the essence of insanity in disorder of the intelligence, with the result that, in the eyes of physicians with but little experience, the majority of the morally insane are considered as ordinary culprits. In reality, both sides are right, since the two things have been united under the same head.

2. *Criticism of Lombroso's Ideas.*—The works of Lombroso have given rise to a great number of studies, and on this fact rests the glory of this Italian scholar, whatever may be the definite conclusions concerning his work. He has forcefully and fortunately called attention to this very grave question, which had been sadly neglected before his time, namely, the relations of criminality to semi-insanity.

For we must recognize and proclaim the fact that this is the particular question that he has analyzed and studied. Before him and from all time the criminally insane man was separated from other criminals. They declared him irresponsible

and treated him in an asylum instead of punishing him in a prison. But what they did not know enough to recognize, or what they did not dare to proclaim, was the disease of the criminal who either was not insane or who did not appear to be so, who was, on the contrary, lucid, leading a life like everybody else, or almost so, up to the day of the crime, the disease of the *criminal semi-insane man*.

The objections (and they are many) which have been formulated against Lombroso's work are directed against the exaggerations of his doctrine, and the too broad generalization of his ideas, but they in no wise diminish the great interest which has been awakened, since his writings, in this important question of the relations between criminality and semi-insanity.

The thing that is false in Lombroso's work is the narrow basis of his criminal determinism. Altho I am a spiritualist, I do not reproach the Italian master for his determinism. You will see why further on, when I shall define medical responsibility. But I do reproach him for having made ancestral heredity play an exclusive rôle, or at least a very exaggerated one, in the production of this criminal determinism. There are notably two important elements of which he does not take sufficient account, especially in his earlier works:

morality and environment. Moral ideas, whether innate (hereditary) or acquired, education, instruction, example, have a very decided influence on the development of the criminal, which it would be childish to deny.

Lombroso has therefore exaggerated the importance of the criminal-born, and chiefly his physical stigmata. This is what runs through all his later works.

It is in this sense, and with these reservations in mind, that we must accept the severe condemnations of Maurice de Fleury[1] when he said: "The anatomical type of Lombroso's criminal-born is to-day nothing but the dream of a well-meaning but curiously disordered, chaotic, and blundering brain. All the logic of a Garofalo, all the subtlety and vigor and cunning of an Enrico Ferri, can come to nothing, starting from this basis, but perishable systematizations. After only a few years we find their structures crumbling here and there." Tarde has endeavored to show how many inconsistencies there have been in the attempt to associate crime with such a nervous state or such another pathological condition. We have seen Lombroso turn about, first counting the

[1] Maurice de Fleury: "L'Âme du Criminel," Bibliothèque de Philosophie Contemporaine, 1898, pp. xi., 91, 115. Paris, F. Alcan.

criminal as atavistic, then as an epileptic or a hysterical, a savage, or a madman. Benedict has likened them to the neurasthenics, the vagabonds, the lazy, and the pilferers whose chief characteristic is irritable weakness. Magnan and Féré hold the wicked and perverse man to be a degenerate. Laurent has discovered a great number of prisoners with marks of physical degeneracy. I hold that in each of these doctrines, which individually are too exclusive, there is a greater or less degree of truth. Of criminal anthropology, which was founded by the school of Turin, and the theory of the anatomic type there is not much that will last. It is true that more than one malefactor shows to any one who carefully examines him some defects in the formation of his skull and face; but one can see only the ordinary physical stigmata of degeneracy, which, as every one knows, may or may not accompany mental stigmata, intellectual anomaly, or perverse tendencies. They are trifling lesions, purely specific in character. And we may understand, moreover, that any partial theory, altho it nearly always contains a certain amount of truth, is not broad enough to include the genesis of crime. We can not say that crime springs from atavism, or from moral insanity, or epilepsy, or hysteria, or neurasthenia, or a bad education, or even from an original blemish; we can only say that each one of

these causes plays its rôle in turn, and that often several of them may be combined.[1]

All this is perfectly true. We must leave out of our reckoning the over-exaggerated idea in Lombroso's works of the great frequency of the criminal-born and of the importance of physical stigmata; but we must retain the important fact of the very frequent relations which exist between criminality and semi-insanity.

3. *Semi-insanity and Criminality.*—It is a fact that the semi-insane very frequently commit crimes; this is the obvious conclusion of this paragraph and one on which it hardly seems necessary to insist, as it is so evident and at the present time is admitted by all physicians.

It will only be necessary to turn to my third chapter to see that the semi-insane often commit thefts, murder, set buildings on fire, and commit outrages. It is in this group particularly that all the perverts belong of which I have already spoken (page 167) in connection with the recent work of Marandon de Montyel.

The characteristic thing about these crimes is that they are committed by people who had been considered, up to the time of the committal of the

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[1] See also concerning Lombroso's ideas and the criticism of them, Morache: "La Responsabilité: Etude de Sociobiologie et Méd. Lég.," 1906, pp. 34 and 61. Paris, F. Alcan.

deed, at least by the public at large, as perfectly well and normal. They are not of the class who were previously insane and have become criminal. To all appearances they are perfectly responsible. Then a medical examination shows that these criminals are not like other people, but that they have some psychic defects. Thus the criminal semi-insane are fundamentally and wholly distinct from the criminal-insane and the criminals who are normal.

A good example, which is at the same time an excellent demonstration, of these semi-insane criminals is furnished to us by the *female poisoners* whom René Charpentier[1] has studied with much care.

The author passes in review and analyzes all the celebrated poisoners from those of the days of fable and antiquity (Hecate, Circe, Medea, Semiramis, Parysatis, and Cleopatra) down to Mme. Lafarge, Marie Jeanneret, Rachel Galtié, the poisoner of Saint-Clar and Mme. Massot, and, in passing, Livia, Lucusta, Agrippina, Lucrezia Borgia, Catherine de Medicis, Spara and Toffana, the Marquise de Brinvilliers, Marie Bosse, la Voisin, la Vigoureux, la Filaster, etc.

[1] René Charpentier: "Dégénérescence Mentale et Hystérie. Les Empoisonneuses. Étude Psychologique Médicolégale," Thèse de Paris, 1906, No. 222.

He makes a clinical and medico-legal study of all these criminals and concludes that "criminal poisoning is nearly always committed by women." The historical and medico-legal study of female poisoners shows that a certain number of these criminals are hysterical degenerates and that there exists a manifest relation between the mentality of these unbalanced people and the psychology of the crime of poisoning. Poison is the weapon chosen by the hysterical person who has a desire to kill. Hysterical homicides are always degenerates. Outside of the neuropathic symptoms which are usually grouped under the name of hysteria, one notices, in fact, among the criminals the presence of psychic facts independent of hysteria and bearing chiefly upon the affective and moral sphere. The mental examination of a poisoner is advisable in the majority of cases as a means of instruction.

I feel that it is not necessary to spend time in pointing out (which is the object of this first section), namely, the *harmfulness of the semi-insane.* Altho some of them have great social value and render services to society, others are prejudicial, committing misdemeanors or crimes and bringing direct harm to the rest. Therefore, a double duty devolves upon society; first, of treating, nursing, if possible curing, and at least lightening the lot of

these poor unfortunate sick people; and then of protecting oneself against their misdeeds while helping and treating them. This then is the object of the two following sections: II. Treatment of the semi-insane; III. The semi-insane in relation to the law.

II. TREATMENT AND PROPHYLAXIS OF THE SEMI-INSANE

1. Treatment

The curative treatment of the semi-insane is a purely medical question which I have attempted to discuss elsewhere[1] and which will not be taken up here. I need say only a word concerning the duties of society in assuring this treatment to the semi-insane when they are poor.

The best treatment for the semi-insane is isolation and psychic treatment in a special establishment under the direction of an experienced physician. For the rich citizen the task is easy; there are many establishments in which one can receive treatment. It is, however, very difficult to obtain treatment for these patients with these same psychoneuroses when they are poor.

We meet insurmountable difficulties every day

[1] "Traitement des Maladies du Système Nerveux," Encyclopédie Scientifique, 1906.

when we wish to treat the epileptic who is not insane, or a case of hysteria major, a dipsomaniac, an eccentric, or any seriously abnormal person. It is impossible to care for them in their families; we, moreover, prescribe that they shall be taken from the family and social circle. But when we try to have the prescription carried out, we find that the usual hospital service is not available;[1] asylums would be harmful to them. What then? *We need special services in the hospitals.*[2] This necessity is imperative; and no matter what may be the financial cost which such an innovation would entail, I do not hesitate to insist that it is urgent.

2. Prophylaxis[3]

1. *Possibility of Individual, Family, and Social Prophylaxis for the Semi-insane*

The causes of semi-insanity are so numerous, and they threaten to invade society so seriously, and are so difficult to cure when once the disease has developed, that the chief duty of society is to

[1] Dejerine has opened in the Salpêtrière an isolation ward for psychotherapy which may be considered as a model. See Camus and Pagniez: "Isolation and Psychotherapy. Treatment of Hysteria and of Neurasthenia." Paris, 1904.

[2] It goes without saying that this is distinct from the special asylums for criminal demifous, of which I shall speak later.

[3] See "The Organization of Social Defense against Nervous Dieases," La Revue des Idées, March 15, 1906.

organize a defense against such nervous diseases, and, before and above all, to establish *prophylaxis*—a prophylaxis which will start out with an exact knowledge of the numerous causes which may develop these nervous maladies, and methods of pointing out and disseminating a knowledge of how to prevent the greatest possible number of such psychopathies.

Such an enterprise of social preservation against the diseases of the nervous system is not impossible. It *may be realized*, because any one of the causes of these diseases, no matter how powerful and redoubtable it may seem, is neither absolute nor inevitable.

Heredity itself, which plays a certain rôle and which has for so long and so universally been recognized in this etiology, which is the "cornerstone of the edifice" (Paul Raymond[1]), "the great force which governs the world" (Duclaux), and "the cause of causes" (Trélat)—heredity, which is then the most demonstrable example, is not itself certain and constant in its results. "The partizans who are most convinced of morbid heredity recognize that the transmission of pathological characteristics is not fatal" (Féré). The son of an epileptic or of an insane man may escape the law of heredity, which is not inexorable, and he may

[1] Paul Raymond: "L'Hérédité Morbide," 1905.

escape, thanks to measures on which the physician should be able to take action,—the intermarriage of families, education, and personal hygiene. Semi-insanity is usually a result, requiring for its development the working together and mingling of several causes; that is to say, no one of the usual psychopathic causes taken by itself, whether it comes from ancestors, or from environment, or from the subject himself, is sufficient to give rise to these diseases. Thus heredity more often needs a nervous contagion or a bad moral or physical hygiene, or an infection, or intoxication, in order to bring about the disease.

Furthermore, these various causes, whose concurrence is necessary, do not all act at the same time. Thus, heredity comes long before all the others. The physician can, therefore, in each given subject, know, before the development of the disease, the causes which have acted or which are still acting upon a certain subject to prepare the soil. He knows the individual whom he ought particularly to watch over, he knows those whom he must try to protect, and from what he must protect them; he ought, therefore, to be able to adapt and gage each in a special way and with special energy adapted to each particular case. The direction of the physician in this prophylactic struggle ought to bear chiefly upon two periods of

social life—marriage and the education of the child and the citizen.

2. *Medical Supervision of Marriage* (*Foundation of the Family*)

"Instead of your being satisfied," says Trélat, "with counting the shekels, take pains to examine into the constitution, the health, the intelligence, and the moral status of the family with which you are thinking of forming an alliance. What will you do with this dowry, which is mere matter, if along with this you take for your companion an unbalanced, unsocial, destructive mind, which will bring disorder into your life, turn your existence into strife, and make it impossible to have peace or happiness in the home? In order to make marriage possible, and make it prosper, do not mingle disease with health; seek first of all, not a rich or titled house, but a pure race and good physical and moral health."

And elsewhere he adds: "Lucid madmen are found in tainted families whom one would know enough to keep away from if one could see more clearly, and could get away from this fixt idea which still pervades all ideas of marriage, when one can understand that money, and a great deal of money, without personal qualities and reason, is the worst of all poverty. . . . While waiting for

this, and without having need of any more light than that which exists for us at present, we should ask the legislature firmly and irrevocably to interdict marriage with the unbalanced (incapables). Under the head of incapables we place the imbeciles and epileptics, who ought to live under custodial care. . . . It is wrong to permit the feeble-minded rights which they can not use, and duties which they can not perform. . . . The same customs, the same treatment, and the same liberty for all, for the diseased as well as for the healthy, is an injustice. It is necessary, for the common good, that society should protect itself, and should be protected. Liberty for the incapable is danger for every one. It may be a homicidal liberty. . . . Tyranny, which is oppression of the strong, is really the oppression of those who are in health."

For reasons indicated elsewhere[1] I believe that the legislature can not intervene in this question, and I advise that two families should invite a conference of their two physicians, binding them to professional secrecy, promising to accept and carry out their dictum without demanding and without knowing the motives of their judgment. The families would thus be in ignorance of the defect

[1] Should marriage be regulated? Inquiry apropos of a medical novel, "La Graine," by André Couvreur, Chronique Médicale, 1903, p. 463.

which would hinder this marriage, for it is always a question of a particular case. On account of the dangers of converging bilateral heredity a young man and a young woman might find their marriage forbidden, but each of the two might marry another person whose heredity, introducing another strain, would diminish the risks instead of aggravating them. It goes without saying that I take for granted the *honesty* of the two families and also of the two physicians, without which nothing could be done.[1] There has been a series of objections raised to this method of procedure. My distinguished *confrère*, Dr. Mignon of Romorantin, would not think of a sentence or a judgment without personal representation (as in a council of war). He would admit only councils which he would sometimes admit to be absolute (which would satisfy me, since I do not want legal obligations), and he adds, "when the day comes when people will marry only for love, nature and true and pure love would demand that the young people should come themselves to ask advice of their physician in such a serious affair, and these counsels would be followed by them unless the man was nothing but a brute, in which case he should be abandoned." God help you, my dear

[1] See the interesting work, "Science and Marriage," H. Cazalis (Jean Lahor).

brother, nobody would make more prayers than I for the realization of this golden age of ideal betrothals.

"Furthermore," adds the same *confrère*, "do you not think that the influence of a strong, sensitive, loving soul may overcome many personal moral defects and, better still, hereditary and family defects? What sensible, loving woman would not be able to make a sober man out of a drunkard? What man, what true man, would not make a true woman out of the little giddy, pallid boarding-school girl, who seems to have no other idea in mind than to be a well-dressed doll, if only she is good and intelligent?" Nothing is more true. Nevertheless, we ought to beware of the marriage-remedy theory. We have no right to sacrifice a healthy young man or young woman, under the pretext that he or she may cure semi-insane people by marrying them.

I recently received a long visit from an infatuated young man, who two years ago had married a charming woman, who, however, was tainted with the frightful semi-insane idea that she must touch everything she saw, as well as being abnormally suspicious. Her family had criminally married her, thinking that marriage would cure her, and the situation had become as distressing as it was insoluble.

But when it comes to asking a physician's advice concerning semi-insanity in marriage, the question is exceedingly difficult and delicate to answer, because semi-insanity is not like true insanity—an unquestioned disease that must inevitably and always interdict marriage. It is a question of the individual case which the physician must solve, basing his answer on the following elements: the presence of certain symptoms, such as helplessness, intensity, and duration of the disease, the treatment that it has already resisted, its hereditary antecedents, and the health and heredity of the other interested party.

After looking at each particular case from these different points of view, the physician ought to be able to render a decision in one of the following ways: He may simply authorize the marriage or absolutely interdict it, without further discussion, or he may counsel abstinence (giving grounds for his reasons), or he may permit it while showing the possible dangers of such a marriage, and insisting for the sake of the future household that certain precautions should be taken, chiefly those pertaining to special medical oversight.[1]

[1] I do not approve of permission to marry, with interdiction of maternity. See the Referendum on anticonceptional prophylaxis, apropos of a book of Klotz Forest, Chronique Médicale, 1905, p. 101.

3. *Medical Supervision of the Bringing Up of the Child and the Making of a Citizen* (*Physical, Intellectual, and Moral Education*).

Whether the marriage of parents with doubtful heredity has been medically supervised or not, the child born into the world is not diseased, but it has a strong neuropathic heredity or at least a heredity that will attract attention. Consequently his education should not be like that of other children. The physician should be consulted from the mental and moral as well as from the physical point of view.

a. For the *physical growth*, the four following periods should be especially watched: the first year, the first to the seventh year, from seven to thirteen, and from thirteen to eighteen.

a. The first year is the *nursing* period. The nurse plays no part in heredity. A mother therefore will not augment any hereditary influence by nursing her child. Nevertheless I believe that it is better for a neurotic (I do not say nervous) mother not to nurse her child, and that it is better not to choose a nervous wet-nurse for an infant with such a predisposition. This is because nervous troubles influence the lactic secretions. Emotions, and particularly sad emotions, can cause the milk supply to be diminished or even dry up en-

tirely (for a time at least). My distinguished colleague Puech has cited the cases of some infants observed by Meslier, who manifested great agitation and even had convulsions after having been at the breast of a nurse who had been through great excitement or who had had epileptic attacks.[1]

β. From one year to seven, a child with a predisposition to diseases of the nervous system ought to be particularly watched on the four following points: weaning, dentition, intestinal worms, convulsions. I do not say that infantile convulsions[2] are always the prelude of later trouble, nor do I ascribe them always to hysteria of childhood, nor forget the cases of uremic convulsions that appear at this age; yet it is certain, in a general way, that convulsions denote a neuropathic condition in a child which must be reckoned with in the future, and which the physician must treat and do his best to avert, particularly at the times which are most favorable for their development, viz., during weaning and dentition, or during an attack of intestinal worms, gastroenteritis, and at the beginning of an acute disease (an eruptive or any other fever).

[1] See also the thesis of Pierre Loyer: "Moral Emotions in Nurses, and the Effect on Their Milk." Paris, 1904.

[2] On infantile convulsions see the thesis of Octave Monod, Paris, 1904, and the work of Moore, The Lancet, 1904.

γ. The period of seven to thirteen years is noticeably the age for chorea and tics, and then the question arises concerning the amount of bodily exercise and sports that should be introduced into the education of children predisposed to nervous disease.[1] Physical overstrain is bad. It weakens the body instead of strengthening it, and as a consequence it facilitates the development of diseases of the nervous system. But regular exercise, taken moderately and in frequent instalments, an enthusiasm for regular walks, which are gradually increased, rational gymnastics, carefully watched over and directed, play during recreation hours, active play such as kite-flying and tennis are excellent for children whom one may suspect of a tendency to develop nervous diseases.

δ. From thirteen to eighteen is the period of puberty. In the young girl it is the period when menstruation begins. It is the age when hysteria and bad habits develop.

b. With reference to intellectual and moral development the physician should not confine himself to the physical side alone. He should work with the teacher, the priest, or the pastor, and the father and the mother.

The first question that arises is that of *overwork*

[1] See Maurice de Fleury: "The Body and Soul of the Child. Our Children at School."

at school. Bergson exclaimed, "The future is for those who can overwork." Charcot and Rabier would scarcely consent to this. *Overwork is a disease which only the predisposed contract;* overstraining is a question of individual reaction. A person is not overworked by a certain given task. That depends on the quantity of the work and the intellectual quality of the individual who works, therefore it is necessary for the physician to decide in the case of each particular child whether or not he is overworked by taking into account his heredity, his temperament, and his actual physical condition; in other words, overstrain is not a question of general pedagogy, but one of individual medicine.

The general programs and rules will often be found unsuitable for nervous children, and then, especially in cases in which there is a strong predisposition, the physician should forbid school entirely and prescribe special instruction, which, if it is intelligently directed, can be better adapted to the particular temperament and even to the daily condition of the child. For children who have a strong neuropathic disposition the physician should forbid graded schools and advise rather a preparation for careers in which, from the start, brain work is interspersed with active physical work in the open air (agriculture). Absolute prohibition

of all brain-work may be a necessary part of treatment for certain sick children (epileptics). I do not think that it is ever a necessary prophylactic measure for children who are simply threatened with nervous disorder.

From the moral point of view it is always necessary to guard such predisposed children from the tendency to selfishness and to untruthfulness.

By taking such care of the moral growth the prophylaxis of nervous diseases may truly become a *prophylaxis of crime.*

As soon as the secondary studies are finished, the problem arises, what walk in life shall be chosen for young persons with nervous predispositions? All such ought to have a career, a profession; nothing is more prejudicial and more dangerous than idleness.

Speaking in a general way there is no profession which would especially develop diseases of the nervous system, or which would hasten their outbreak (I am not speaking of intoxications connected with certain professions). Everything depends on the particular adaptation of each profession to each individual. We might add, however, that in a general way a profession with an outdoor life, such as agriculture, which does not demand too

intense and continuous intellectual effort, and which does not carry with it preoccupying responsibilities, is much better adapted to those who are nervously predisposed.

Marriage, celibacy, and the religious life only do good when they are in accordance with the tastes and the vocations of the individual, only do harm when they are enforced, or when they fail to realize a hoped-for ideal.

Military service, as a rule, is rather beneficial to those who are nervously predisposed.[1] If the predisposition is strong and the neurotic stigmata are already very distinct, the army surgeon should be notified and asked to keep a watch on the recruit while putting him in a position to understand the situation.

Political life, on the other hand, should be advised against and forbidden to people with such predispositions.

A change of environment and temporary withdrawal from the family circle are often advisable, especially when the parents are themselves nervous, for neurotic people are deplorable educators.

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[1] The author speaks here of the military service as known on the Continent, where all classes are required to serve a definite number of years. [Ed.]

4. *A Few General Hygienic Rules for those with a Predisposition to Nervous Disorders*

All prophylactic measures for nervous disorders must be based upon an exact knowledge of their causation, which may be hereditary or environmental or due to the individual.

Direct heredity (father or mother to child), atavistic heredity (direct or skipping one or more generations), ancestral heredity (collateral), converging bilateral heredity (consanguinity) may give rise to similar forms of nervous disease (epilepsy giving rise to epilepsy) or to a dissimilar form[1] (epilepsy giving rise to hysteria), or a non-nervous or unlike form of disease (tuberculosis,[2] alcoholism, immorality, arthritism, or diabetes).

As to the individual himself, he of necessity plays a very important etiological rôle: first, as to temperament and as to character; second, as to sex, the sexual life and its excesses; third, to education and to overwork; fourth, to the choice of a profession and the kind of life; fifth, to the moral

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[1] This includes the vices and tendencies to crime on one side, and intellectual superiority and genius on the other.

[2] See my article on the relations of hysteria to the tuberculous and scrofulous diatheses, Montpellier Médical, 1884, p. 220, and Campana: "Tuberculous Heredity and Neuropathies, Nervous Manifestations in the Descendants of the Tuberculous," Thèse de Lyon, 1903, p. 105.

life, the emotions and passions; sixth, as to former diseases, infections, intoxications, diatheses, and various diseases.

This being the case, it is not only in the great events of life, such as have been previously studied, that we must watch over the predisposed, namely, the foundation of the family by marriage, their school and college education and the choice of their career, but it is over every event during their entire life.

The physician should make it thoroughly understood, and should often repeat the fact to such predisposed individuals, that they can not live as other people do; that they have no right to quote the example of healthy individuals who can do anything they want to do with impunity. The predisposed have need of special hygienic care during their whole life. Thus the nervous would do well to abstain from the use of alcohol[1] and of tobacco.

Their genital life should be very carefully regulated. Not only the first menstrual period, but each monthly period, each pregnancy, as well as the menopause, may provoke the onset of a neurosis. In men there are exaggerations and anomalies of the genital life which must be regulated, and by

[1] Alcohol, says Féré, is the touchstone of the cerebral functions.

anomalies I mean not only excesses, but also the agitations and moral shocks which often accompany the genital life in its widest sense.

With reference to a professional and social life the predisposed should be warned of the dangers that they run if they enter this strenuous life of competition which is apt to lead to neuroses and even serious psychoses, and sometimes even to general paresis. Those who are predisposed should be prevented from wearing themselves out in that feverish agitation which seizes everybody in the dizzy whirl of the present day. It should be noted that I am condemning the too rapid pace not only in harmful things such as gambling and sport, but also in commendable pursuits. In any industry, or in commerce, or even in scientific study one may become overstrained by attempting to press ahead of others or to make a great fortune or to be spoken of in the papers, or to bedizen oneself with decorations before forty. If these things do not come before that age the neurotic individual believes himself to be persecuted. He is on the verge of semi-insanity, if not worse.

III. THE SEMI-INSANE AND THE LAW. SEMI-RESPONSIBILITY. LIMITED OR ATTENUATED RESPONSIBILITY

We have now arrived at the most serious and most difficult part of this chapter as well as of the whole book. Semi-insanity having been established, we will assume that a semi-insane man has committed a misdemeanor or a crime. He is no longer harmful to society in theory only—he has become a dangerous man in fact and in deed. Society still owes him assistance and treatment because he is still sick; but she has the right to go further than that and to defend herself against any new misdemeanors, since he is a criminal.[1]

How should society combine these rights toward the semi-insane? The first question which I must attack and solve is that of semi-responsibility, or of limited or attenuated responsibility.

In order to state my argument as methodically as possible I will first take up what must be understood by responsibility in the medical or medico-legal sense; then what is meant by attenuated re-

[1] I always use the word *criminal* in the sense that an individual has committed a crime whether responsible or irresponsible. The semi-insane man, as well as the insane man, is only a criminal, in deed.

sponsibility. Finally, I will cite several examples of cases of semi-insanity with limited responsibility.

1. Medical Idea of Responsibility[1]

1. *The Medical Idea of Responsibility Can Not Be Based on the Philosophic Notion of Free-will or of Determinism*

When the physician attempts to throw light upon the true and complete meaning of the word "responsible" or "responsibility," he naturally turns first of all to the philosophers. Unfortunately he finds that philosophers occasionally disagree as decidedly as physicians, and he trembles when he sees the blade of the guillotine held suspended by the fragile thread of a philosophic system.

It is easy to explain the differences of opinion between philosophers on this question when one remembers that the idea of responsibility is intimately bound up with the idea that everybody acts with individual liberty or free-will. One can, therefore, foresee the most varying opinions concerning responsibility, since no one can agree on the subject of free-will.

"A human being is responsible," says Goblot,

[1] See "The Physiopathological Problem of Responsibility," Journal de Psychologie Normale et Pathologique, 1905, No. 2.

in his "Vocabulaire Philosophique," "when he can be held accountable for his actions and when he can legally be arrested for a wrong act," and he adds, "responsibility seems to presuppose free-will. An individual whose acts are imposed upon him may be considered as an instrument of forces which govern him, and his acts can no more be imputed to him than a murder could be imputed to a knife or to a vial of poison. Responsibility necessarily keeps going back and forth from one secondary cause to another, and does not stop until it reaches a first cause, as, for an example, a free act."

Hence the idea of responsibility depends entirely on the idea that one takes of liberty; on this last point, therefore, the contemporaneous school would lock up very distinguished men, the most distinguished I might say, who deny free-will and whose doctrines lead to the denial of liberty. I have cited several examples of such in my second chapter (page 83).

I can not discuss these philosophic doctrines here, nor can I discover whether all contemporary philosophies, starting off with the same experimental ideas, lead with unrelenting logic to the same conclusions.[1] It is enough to admit the ex-

[1] See "The Limits of Biology," 3d ed., 1906, p. 23. F. Alcan, Paris.

istence of these doctrines in the current philosophies of to-day.

In seeking for some philosophic point of support on which to build up his idea of responsibility the expert will encounter these doctrines. He has the right to adopt them; in fact, I believe that most physicians look at things from this standpoint, and do not admit individual liberty or free-will. For them determinism is everything.

But how can they then consent to confine themselves only to the question put by the magistrate: Is this man responsible, or not responsible, for this act?

2. *It is only on a Physiopathological Basis that there can be Built up an Idea of Medical Responsibility which all Physicians Can and Ought to Accept, whatever may be their Philosophic or Religious Convictions on Free-will and the Soul*

Since the path of philosophy leads us into a blind alley, the physician who is anxious to get a clear idea of responsibility ought to see if he can not arrive by some other path. There is another way: It is the physiological way, or, better, the physiopathological way. The physician, while still remaining in his own proper domain, may succeed in getting a medical idea of responsibility which is

by no means the same as the moral idea of the philosophers; one which rests on a much more scientific foundation and which is not subject to the same fluctuations and discussions, and yet one which on the whole will be quite sufficient for him, as a physician, to fill his rôle of expert.

To whatever philosophic school they belong, medical men always admit that the nervous system plays a most indispensable and important rôle in the accomplishment of any act or in the conduct of life.

The expert has no other concern than with this nervous system, this apparatus, which is as necessary a tool for the spiritualist as for the materialist. The physician is competent only to judge of the material condition of this tool. He can decide only one thing—the condition of health or of disease of this tool—this nervous system and the influence that this tool may have on the criminal determination which the individual conceives and executes.

In every voluntary and deliberate act there is a judgment in which the individual compares and weighs the desire which he has to do a given thing and the duty which he has not to do it. Among these motive forces, therefore, there is the idea of duty (whatever its origin or nature may be), the idea of what is permitted and what is prohibited,

and the mission of the expert is to decide if the condition of the subject's nervous system has permitted him carefully to weigh and judge these motor forces and motives; that is to say, whether the condition of his nervous system renders him responsible or irresponsible.

The only thing, therefore, which the physician has to judge is the rôle that the nervous system plays in volition and in the act; he has to deal only with that element of the act which is admitted by everybody in the various philosophic schools. He has no concern with that other element respecting which there is so much discussion among the various philosophers, namely, the element of the soul. This latter does not concern him. Therefore, the medical man can and ought to analyze and value the responsibility of an individual in exactly the same manner whether he be a spiritualist or a materialist.

In the same way the opinions of an expert on the question of free-will or moral responsibility do not matter much. For an individual to be medically responsible to society for an act, it is not necessary for him to have a sane idea of right in itself, or any obligations which rest upon him, or, in a word, of moral law. For a subject to be medically responsible before society for an act it is necessary and sufficient for him to have a sane idea of what

is permitted or forbidden by civil law, or the written law, of which no one virtually is ignorant, especially along the broad lines which forbid the appropriation of another's property or the taking of another's life.

A spiritualist and a materialist, a religious or an irreligious man, a determinist and a partizan of free-will, may have different conceptions of moral duty and moral obligation in the light of conscience; but they can not look at social duty and social obligation to the law from different viewpoints.

If to medical responsibility thus defined some authors would wish to apply Bayet's objection and say that even from this point of view man is no more responsible than a tree, I have already indicated (page 94) what reply may be made to this argument. Man has psychic neurons, which a tree has not; the question of medical responsibility or irresponsibility going back to a question of the integrity or disease of the neuron system can have relation only to man, and not to a tree.

Therefore, all physicians, whatever may be their philosophic or religious convictions, ought to meet one another on this double principle: (1) That they have only to decide on the responsibility of the individual before society; (2) they have only to decide upon the integrity or the non-integrity

of the nervous centers and the influence of the condition of the nervous system on the material action of the volitional psychism—an action which no philosophic or religious school can deny.

3. *Responsibility and Culpability. The Physician and the Magistrate*

It will be seen how greatly the rôle of the expert differs from that of the judges, whether magistrates or jurors. For the judges the problem of responsibility is much more complex; it is put to them from the broadest general standpoint.

Thus the judge must take into account the intention of the individual. (This is an element of moral responsibility.) A legitimate defense, which, for example, would excuse certain wrong or criminal acts from the standpoint of the judge, must not be taken into consideration by the physician. In a general way, the circumstances surrounding the act, which are extraneous to the individual, and which are most important in ascertaining conditions and in coming to a judgment, these are nothing to the physician. He has only to read in the circumstances the facts that will throw light on the individual himself and on the condition of his nervous system.

The medical man leaves the material fact alone and seeks by a physiopsychological examination

of his subject to find out whether the individual decided to perform the act with his nervous system in good condition, that is, with nervous centers which are normally functioning or are diseased.

The question put to the jury respecting the *culpability* of the individual is wholly different from that to the experts concerning his responsibility. One can be entirely responsible for an act for which one is not culpable. A jury may acquit an individual whom the expert has declared responsible without there being any contradiction between these two verdicts; but a jury ought not to be able to condemn an individual whom medical science has declared to be irresponsible. Physiological responsibility is a necessary element, but not in itself sufficient to prove culpability.

This shows, in passing, what an error those fall into who wish to depend wholly on medical experts and wish to replace the opinion of judges by that of physicians. I mean by this that I do not dream, as Ferri does, of seeing the ideal or hearing of the future consisting wholly of scientific discussions on the symptoms presented by the delinquent, or the circumstances which have preceded, accompanied, or followed the deed, and on their anthropological significance.[1] I believe that the

[1] Jean Guippi: "La Cours d'Assise," 1898, p. 152.

only method of preserving to the experts all the authority to which they are entitled is carefully to observe the differences between the powers and the points of view of the judges and the physicians.

In concluding I would say that *physiological or medical responsibility* (the only one which the physician can and ought to study in the normal and pathological state) is independent of philosophic and religious doctrines concerning free-will and the spiritual and immortal soul. It is a question of the function of psychic neurons, and consequently the rôle of the expert consists only in studying and determining the condition and the functioning of the psychic neurons. This places the physician beyond all danger of philosophic invasion, and leaves him distinctly in the class in which he is competent.

4. The medical idea of responsibility according to contemporaneous authors is not only not in contradiction to recent conceptions of responsibility, but it seems to me it enables one to have even a better conception of them.[1]

It is very curious to study the evolution of this idea in recent works. The Italian school of Lom-

[1] See Saleilles: "L'Individualisation de la Peine," Bibliothèque Générale des Sciences Sociales," 1898, and Maurice de Fleury: "L'Âme du Criminel," Bibliothèque Philosophie Contemporaine, 1898.

broso have relinquished the idea of the unity of free-will and responsibility, and certain of these authors have resolutely suppressed one or the other. On the other hand, the school of Tarde and of Saleilles have tried to save the idea of responsibility without resuscitating free-will.

a. The Italian School: Lombroso, Ferri, Garofalo

"One might say that this Italian school, whose three most celebrated representatives are Lombroso, Ferri, and Garofalo, had arisen first of all as a direct reaction against the idea of free-will as understood in its classic interpretation. The old idea was that crime was an emanation of freedom. The Italian school regards crime as a natural product, as the result of purely natural factors which hardly leave any place for the idea of individual liberty. According to Lombroso, these factors are almost entirely anthropological. According to Ferri, they are more specially sociological. But what does this matter? Hence one is not morally responsible for committing a crime since when it was conceived, one's will was not free. One is only socially responsible for it because one owes something to society for the dangers and damages brought about" (Saleilles).

According to these Italian authors, says Maurice de Fleury, "it is the fatality of evil. Consequently

they say a criminal is only responsible because he is dangerous." He quotes Garofalo as follows: "The right to punish is simply that law of nature by virtue of which all organisms, and in particular the social organism, reacts against anything which disturbs the condition of its existence. Up to this point punishments are graduated according to a false idea of free-will and moral responsibility. All this should be changed, as nobody is free, and we should no longer punish on account of a degree of liberty, but rather by reason of having in view the interests of society and in proportioning the punishment according to the dangerousness of the criminal."

With this doctrine the idea of medical responsibility disappears and there is no more need of experts. As an insane man or a semi-insane man may be much more dangerous to society than a rational man, they would therefore be submitted to a much severer punishment, independent of their degree of irresponsibility.

b. Objections by the French School: Fouillée, Paulhan, Tarde. Ferri's Reply

The chief fault of this doctrine is that it takes the crime only into consideration, and takes no account of the criminal. The punishment is proportioned to the deed, and not to the doer. It is

against this tendency that the French school has shown such a vigorous reaction.

I have already spoken (page 284) of the objections made to the teachings of the Italian school on the essentials of crime, but I must add a word to those which have been uttered against their conception of responsibility.

Maurice de Fleury says: "The anatomical type of faith is the negation of all psychology and all criminal sociology; at least so the psychologists and sociologists energetically protest. They proclaim that we all bear a moral idea within us—the individual reflection of the great general idea of morality—and that in consequence we are doubly responsible both objectively and subjectively, in the name of the law of evolution of the world toward a better life, and in the name of that law graven on our conscience in the form of a commandment. This is the idea of Herbert Spencer, which is criticized by Fouillée. According to Paulhan, moral obligation is a manifestation of an inherent tendency of our minds, that is of our natural need of keeping in harmony with the general laws which control the evolution of the world."

I will not take up the question of the origin and intimate nature of this moral obligation. It is a philosophic question which has no bearing here; but I insist upon the necessity of taking this moral

obligation into account as one of the motor forces which exert an influence upon the actions of the criminal. Here then we have the idea of responsibility restored. All men are not equally normal in their psychism as regards the impulses of this moral obligation.

If we speak of medical responsibility as I have just defined it we can say with Tarde that "The idea of moral responsibility exists independent of belief in free-will. We should consider and treat as responsible any man who has shown himself extremely antipathic to his equals and unsocial if these were natural characteristics of the man himself." Maurice de Fleury develops this thought thus: "Altho we may not be free, society has by no means the right to treat men, even tho perverted, like mad dogs whom they want to get rid of. The individual has a value in himself, the punishment should not be utilitarian alone, and have for its sole end the interests of society. Along with the legal or objective responsibility there is a moral or subjective responsibility. This latter is the more complete in proportion as the individual is the more true to his identity. It is diminished when his personality is diseased."

Saleilles thus places Tarde among the "savants of the first rank" and those "eminent sociologists" who go the whole length of accepting the law of

casualty in its application to facts of a psychological order, and who nevertheless are the ardent defenders, from the sociological standpoint at least, of the survival and maintenance of the idea of responsibility.

To this Ferri replies that moral responsibility without free-will is nonsense. Personal identity is only a lure, and the application of Tarde's doctrine would be unacceptable and dangerous if put in practise.

c. The Idea of Physiological Responsibility without any Reference to the Idea (whether Affirmative or Negative) of Free-will (Saleilles)

What conclusions can we draw from all this, and how shall we conciliate such apparently contradictory opinions? It is necessary to keep the idea of responsibility quite separate from the question of free-will—either to affirm or deny it. The partizans of the belief in free-will must no longer think that they have the "exclusive right to decide the question of responsibility"; and those who deny the existence of free-will must no longer feel that they are obliged as a consequence to deny the existence of responsibility.

As Saleilles has aptly said: "It is only necessary that people who believe in responsibility and liberty, and thank God there are still some such,

should still consider themselves, by the very virtue of their principles, as bound to believe what they have always believed, and must remain solemnly stationary in their views, and that they should refuse to accept any means of social defense which an opposing school could offer them. There is to-day a tendency for opposing factors to come together and meet on the ground of practical issues. This is a great step forward and a result which should be approved and upheld everywhere." "Formerly it seemed as tho every good determinist, in order to satisfy his own sense of logic, ought to deny the idea of responsibility, but to-day it does not seem at all inconsistent for him to overthrow his own premises and accept all the postulates of the positivistic Italian school. What delightful inconsistencies, however, are to be seen all about us, and how we finally begin to feel the hollowness of all these demonstrations based on pure syllogisms, which, however brilliant they may be, have never checked a new idea any more than they have succeeded in saving an old one.

A practical meeting-ground has been found; it is that of medical responsibility which takes into consideration only the psychic neurons, and consequently has nothing to do with free-will or philosophic fatalism. This is an idea which Saleilles has also admirably developed.

"In reference to the matter of free-will our French Penal Code leads to marvelous conclusions. It presupposes free-will everywhere, but it never mentions it anywhere. It presumes that all adults are responsible for their acts. In order to negative this presumption it demands the proof of dementia or a similar pathological condition. The word liberty is not mentioned. *The proof to be furnished, therefore, bears on questions of pathological diagnosis, which involve no philosophic or religious convictions.*[1] Nothing is more simple. The medicolegal expert will only have to pronounce on the existence or non-existence of insanity. He is competent to do this. He is not asked to give his opinion upon free-will; and if he does not believe in free-will, there is no demand made upon his conscience."[2]

From this there may be deduced a definition of responsibility, "but be it understood quite apart from any idea of free-will," a definition of sociological responsibility.

"In discernment there is a factor of moral individuality; it is important furthermore to take into account the strength and functioning of the will

[1] The italics are mine.

[2] It goes without saying that in 1904 I did not know of this passage of Saleilles, which appeared in 1898, or I would have quoted it in my article in the Journal de Psychologie Normale et Pathologique.

and everything that goes to make up moral personality, and one is finally led up to an idea of the norm. The normal man is an entity capable of responsibility, and it lies within the scope of man's faculties to determine, so far as motives are concerned, of what this normality should consist. It consists in responding, as other men do, to the influence of ordinary motives of daily life, which rule conduct and human action, such as those drawn from religion, from morality and all current ideas. Not to respond to such influences; not to feel any impression from things that impress everybody else; first to get to the point of no longer feeling these motives, then little by little to cease to understand them—all this means variation from the normal. This may make progress to the point when one responds to an ordinary normal motive impulse with a negative reaction, like a reflex which is quite contrary to what is felt by other men, or it may appear that one acts without any motive—even with the insane this is but an appearance—and then one is at the opposite pole, in a state of absolute abnormality, which constitutes mental alienation."

There have been numerous objections to this thesis, which seems "solid and definite." Saleilles has discust these, paying particular attention to the striking objections of von Listz, professor in

the University of Berlin, in his report to the third International Congress of Psychology. We who remain exclusively on the ground of medical responsibility, as I have just defined it, can hold to this definition of psychic responsibility. As Saleilles has said, this condition of responsibility does not exist for us because it has been experimentally proven that we are free, but by the natural order of things. It is the physiological norm. The criterion of a responsible state becomes, for the populace who believe in their liberty, just what it is for the determinists who do not thus believe. It resolves itself into the idea of normality.

This whole doctrine may be summed up in a word: An individual whose psychic neurons are normal is a responsible being.

2. Attenuated Responsibility[1]

1. *Difficulties and Misunderstandings of the Question. Contradictory Opinions. Denial of Responsibility*

From the idea of responsibility established in the preceding section, the correlative idea of semi-responsibility or attenuated responsibility seems to be a natural conclusion. Along with in-

[1] See "Attentuated Responsibility," Journal de Psychologie Normale et Pathologique, July–August, 1906, p. 420.

dividuals whose psychic neurons are perfectly healthy and normal (responsible), and individuals whose psychic neurons are wholly diseased and abnormal (irresponsible), we understand that there are others whose psychic neurons are partially or slightly diseased (semi-responsible).

The thing, however, is not quite so simple as this, and I shall be obliged to show from the very start in this section some of the contradictory opinions that have lately been put forth, and to show how important is the opinion of some of those who deny attenuated responsibility.[1]

(*a*) *Humorous Denials.*—I have already quoted (page 36) the sally of the journalist who declared that he could not understand responsibility in halves or thirds or quarters. In the same way Dr. Legrain, the Director of the asylum of Ville-Évrard, said before the Société Générale des Prisons: "This conception of diminished responsibility, it must be said, is a very convenient way of disguising our ignorance. It is simply a conventional formula which has permitted us to dispense with more exact knowledge of the true causes and true

[1] Société Générale des Prisons, December 21, 1904, January 25, February 15, March, 25, 1905; Revue Pénitentiare, 1905, p. 43 *et seq.*; Étienne Martin: "The Question of Attenuated Responsibility," Archives d'Anthropologie Criminelle, iv.; Maurice Michelon: "Les Demifous et la Responsabilité dite Atténuée," Thèse de Doctorat en Droit, Lyon, 1906; and the works cited of Morache, Ballet, Régis, Saleilles, Maurice de Fleury.

effects and to reconcile the defense of certain abnormal individuals with the exigencies of the code. When one is in doubt, or when one dares not render a decided opinion, one is delighted to find a middle term which seems to settle everything. But I am under the conviction that it is but a transitory term, that it has nothing scientific about it, and that it is far from being satisfactory. This sort of sectioning of the spiritual entity into two parts would end in fact if one wished to be logical, in the practise which M. Bonnefoy prescribes: When an individual shall have expiated in prison that part of responsibility which pertains to his responsible half, he would then be sent to a hospital to have the other half treated. There seems to me something monstrous in such a contradiction; the mere fact of putting it into words shows that it is impossible to come to any understanding on such grounds." "Attenuated responsibility," says Michelon, Doctor of Law of the Faculty of Lyons, "is not, as in 1830, merely a simple practical expedient of no scientific value. In embarrassing cases the experts have conscientious scruples and then, as Professor Garraud has said, in order to attenuate their own responsibility they attenuate that of the accused. And this fact is so true that certain physicians, and those by no means the least well known, make no scruples

about giving it as the principal justification of attenuated responsibility." In a reunion of the Medico-Psychological Society in 1880, as one orator was enthusiastically taking the part of attenuated responsibility, Dr. Legrand du Saule made the remark that the examination of the accused was very difficult, and that the orator would have as much trouble as all the others had had if he were physician at the Dépôt of the prefecture. His conscience as an honest physician would make him hasten to find refuge in the easy verdict of diminished responsibility and in its gentle relative, graded punishment. These are examples of what one might call the humorously negative side. There are, however, other denials which are more scientific.

(*b*) *Scientific Negations.*—Leredu, advocate at the Court of Paris, in his report to the Society of Prisons, states that many savants claim that the moment there is a break in responsibility, such responsibility ought to be considered as non-existent; according to them, when it comes to a question of guilty people, they are all diseased. Others, among whom are alienists, only look upon delinquents of limited responsibility as a sort of variety of criminal, admitting that from the moment there is any responsibility, however diminished it may be, there is a crime, and that, if there is a crime,

there ought to be a punishment, and a punishment that is properly proportioned to the criminality of the author. "I have heard," says Cauvière, professor of the Faculty of Law, "serious-minded physicians uttering the most diametrically opposed opinions. Some among them have maintained that there is no such thing, properly speaking, as lucid intervals, and that it is wrong to consider an insane man free and responsible when it is a question of a pretended period of remission. How could we, as men of the world, take part in a question which, it is true, is distinct from this, but nevertheless closely related to it—the question of knowing whether we sometimes have to deal with the semi-responsible?" The question is then put to the physician, and Legrain replies: "I have never been able quite to grasp this idea of partial responsibility; I see nothing to which it can correspond. I have had occasion as an expert to examine criminals or delinquents on many occasions; I have always been able to determine whether the man was responsible or irresponsible; I have never been obliged to stop at an intermediate stage nor to declare that these individuals were partly responsible and partly irresponsible. I am no longer resolved to give an opinion in favor of attenuated responsibility, which could only be a corollary of partial responsibility because one at-

tenuates the penalty and not the responsibility; and that is for the judge and not for the expert to decide." Further on he speaks of this "myth of limited responsibility." The president said to him: "In your eyes there is no such thing as attenuated or mitigated responsibility; it is an expression which you do not wish to admit; it is a mask of ignorance. From your point of view there is either responsibility or there is no responsibility." And Legrain replied, "Exactly!"

Dr. Paul Garnier, director of the Special Infirmary at the Dépôt, said in the same discussion: "Physicians do not possess phrenometers by which they can divide penal imputability into halves, thirds, or quarters of responsibility." Charles Constant, advocate at the Court of Paris, agrees entirely with Legrain's opinion: "There are only the two classes, the responsible and the irresponsible. When one is irresponsible one ought to be acquitted; when one is responsible one ought to be condemned."

Paul Jolly, examining magistrate in Paris, is "slightly disconcerted" to see the very physicians who invented attenuated responsibility denying it at the present time. "If this is the way things are going; if medical science repudiates the theory of attenuated responsibility, I shall ask the alienists why they so often and apparently so willingly

pronounce in their medico-legal reports that the accused has only attenuated responsibility?" Another of the examining magistrates of Paris, Albanel, holds that the expression "attenuated responsibility" is composed of two words which swear at one another. They may synthetically express the opinion of the expert, but they ought never to be employed in his conclusions.

Michelon has studied with much care the different philosophic systems dealing with attenuated responsibility. Of these there are, says he, in fact logically only two. On the one hand, there is absolute free-will and on the other absolute determinism; both lead to the denial of attenuated responsibility. Further on he says that it is evident that attenuated responsibility, implying necessarily the idea of moral responsibility, can not exist as a distinct idea in a system based on social defense.

The "insurmountable" difficulties which are met with in attenuated responsibility may be divided into three principal groups. In the first place, it is practically impossible to measure the mental condition and responsibility. In the second place, attenuated responsibility does not correspond to any sharply defined clinical type, and, finally, the declaration of attenuated responsibility leads to consequences which present the gravest

dangers from the social point of view, and which are certainly one of the factors of the rapidly increasing tendency toward relapses on the part of the criminal. Michelon develops each of these points of view and then adds: "Diminished responsibility, being, therefore, only an expedient, has no value from the scientific point of view. It is followed by deplorable results. Attenuated responsibility is one of the most important causes which influence judges to pronounce light sentences. In a way one might apply to it all the evil effects which are brought up against light sentences. To recognize attenuated responsibility is to weaken the moral effect of the punishment, for it practically says to the accused: You have a physical defect by virtue of which you can not be held entirely responsible for your actions."

Michelon quotes a phrase of Gilbert Ballet's, which we shall find farther on, and then concludes: "Now that we have finished the examination of this idea of attenuated responsibility, what is there left of it? Its historical study has shown us its weakness. The philosophic point of view has been no more favorable to it, and if, after all this, anything remains of it, a simple glance of the eye at its practical consequences would be sufficient to annihilate it." Farther on he says: "On

the threshold of this study our conclusion can only be the denial of attenuated responsibility. . . . It is an idea which is scientifically false and practically pernicious. If the defects in the law were remedied, the idea of attenuated responsibility would disappear. It would no longer be necessary to combat it; it would disappear of itself, having lost its only use, namely, to ease the consciences of the expert and the judge. One would then see that it is nothing but a formula, a mere label, corresponding to no reality."

2. *It is Necessary to Distinguish between the Medical Question of Attenuated Responsibility and the Social Question of the Legal Attitude to be Adopted toward the Semi-responsible*

This criticism is formal. Should attenuated responsibility be entirely eliminated from medical and social science? And is the expert who comes to the conclusion of attenuated responsibility consequently more or less consciously guilty of a scientific heresy or of a medical lie? Furthermore, are the very foundations of this book to be knocked from under it? Should all the preceding pages be suppressed? Do neither the semi-insane nor the semi-responsible actually exist? I do not believe it.

In order to arrive at a definite conclusion and

to set forth clearly in the discussion the objections which I shall answer to the best of my ability, it is indispensable to distinguish and to study separately the medical question of attenuated responsibility and the social question of the legal attitude to adopt in relation to the semi-responsible. These two questions are equally important, and have a certain limited connection, but are not inseparable. Whatever may be the difficulties which are raised by the second, these in no way hinder the truth of the first, if this truth is already demonstrated.

We have seen that the preceding authors have constantly complicated the objections to the medical doctrine by objections drawn from the social consequences. We shall try to reply to both classes of objections, but this can be done clearly only by separating the various arguments and by studying separately and successively the two points of view which are in reality fundamentally very distinct, since the first belongs exclusively to medicine and the other to sociology and to law.

3. *The Medical Question of Attenuated Responsibility*

(*a*) *Statement of the Doctrine.*—Set apart from its legal and social consequences and placed beyond the bounds of philosophic doctrine, upon the foun-

dation of physiopathology and medicine alone, the idea of attenuated responsibility seems to me to be beyond discussion.

Responsibility, we have said, is a function of the normal psychic neurons. These psychic neurons are, however, legion, and the cortical psychic centers are eminently complex and divisible. It is therefore easy to see that if in certain cases these centers are entirely normal, and if in others they are profoundly altered, and in a third group they are partially or incompletely modified, we must in consequence find, in addition to the responsible and the irresponsible, a group of semi-responsible people—those whose responsibility is diminished or attenuated.

It might even be well to add that all the psychic neurons have not equal value so far as responsibility is concerned. Alterations of the neurons of the superior psychism, mental disease, leads to irresponsibility, but alterations of the neurons of the inferior psychism (psychic disease) only partially disturbs or simply attenuates responsibility.

The hypnotized subject, whose superior centers do not perform their functions, but who passively obeys the hypnotizer, is irresponsible for acts committed during hypnosis. The psychasthenic whose superior centers, while not annihilated at the moment of a criminal act, are nevertheless weakened,

and are easily diverted and dissociated from his inferior centers, is neither irresponsible nor responsible. He has not the strength to resist temptation that a normal man would possess, and yet within certain limits he could have avoided committing the crime. Such a man is semi-responsible.

In crowds the excitement of the mass dissociates the polygons of the individuals who let themselves be carried away by their leaders. If the responsibility of the shepherd is increased, that of the flock is diminished or attenuated.

All the disordered and all those who were slightly unbalanced whom I studied in my third chapter would properly be included in this category. The epileptic who commits a crime while not in an attack is not irresponsible, as is the epileptic who commits a crime during an attack, but he is by no means as responsible as a perfectly sound individual. As Barboux has said, "There is a class of special criminals who are insane enough never to go to prison and wise enough never to be placed in an asylum"; and Henri Robert, who quotes this phrase, adds, "It would be a wrong, in my opinion, to regard attenuated responsibility as a premium placed upon the ignorance of a judge who can be influenced by phrases, or as an inadequate statement of a science which is incapable of

giving an exact formula. Attenuated responsibility exists."

(*b*) *Reply to Objections.*—It seems to me difficult to maintain objections to the idea of attenuated responsibility as thus outlined. I will not delay by taking up the objections which pertain to free-will and the philosophic doctrines generally connected with it. We have seen that responsibility, such as I have defined it, has nothing whatever to do with the philosophic doctrines concerning free-will. Thus Cauvière demands of the physiologists whether in their opinion moral liberty is a thing which can be divided, and whether they can speak of penal responsibility in the same breath that they admit, according to spiritualistic doctrine (which is that of the orator), the primary fact of human liberty. Certainly! The question concerns the functions of the brain and the psychic neurons, therefore the spiritualist may regard it and study it under the same order and in the same manner as the materialist in general.

In the same way Legrain finds it strange that it should be the same men who hold the most strictly to the integrity and unity of the soul who the most decidedly claim that it is capable of being parceled out. I see nothing strange in this; whether or not one admits the unity of the soul, it is the parceling out of the cerebral psychic centers that is

meant, for this is wholly another thing and is by no means contradictory. In the same way Michelon says: "In the system of free-will there is no place for attenuated responsibility. Such a freedom is not divisible; it is or it is not. It is not possible to have semi-liberty, and consequently it is not possible to have semi-responsibility. How can we admit without being absurd," he adds, "this hybrid mixture of determinism and liberty, and thus proclaim the dependence of independence?" I reply, it is neither hybrid nor contradictory; those who admit liberty admit it as an attribute of the spiritual soul; but here I am concerned with the brain, which is essentially complex and divisible.

It is equally inaccurate to say that there is no place for attenuated responsibility either in the deterministic systems or in the systems based on social defense. In the determinist's doctrine the elements of determination of an act consist in part of motor impulses and motives and of the reaction of these psychic neurons on these motor impulses and motives. Why can not one understand the existence of a partial or slight degree of alteration of these psychic neurons and consequently of their limited responsibility? In the doctrine of social defense it is readily admitted that the idea of law and punishment is a weapon which society has a

right to use for this defense. One understands the inequality of the psychisms of different individuals when one sees how variously they respond to these important influences to action.

"One insurmountable difficulty," adds Michelon, "is the practical impossibility of measuring either a mental condition or responsibility." This oft-repeated truism does not seem to me very redoubtable. If we should eliminate everything that is not susceptible of exact measurement from physiology, psychology, and clinical medicine, what would remain? It is certain that attenuation of responsibility is not capable of mathematical mensuration. Magistrates can not expect an expert to render his verdict in fractions as it is estimated in degrees of incapacity following accidents.[1] But this impossibility of mathematically rating the moral incapacity or the psychic inferiority of an individual does not exclude the reality of the thing. French law very wisely admits extenuating circumstances which are not susceptible of mathematical calculation. They are drawn from the facts and from what accompanies them. They are external. The psychic reasons for attenuation, which the physician studies, are closely allied. They are internal and arise within the subject

[1] Even in such cases exactness is it not only apparent and fictitious?

himself on the ground on which the conflict of volitions takes place. They exist, as do the extenuating circumstances, and like them are incapable of being accurately weighed and measured.

Finally, Michelon objects that attenuated responsibility does not correspond to any well-defined clinical type. In fact, there is not one type only, but there are several perfectly defined types. The whole of Chapter III. of this book has been devoted to the proof of this. The multiplicity of clinical types is not an objection to be considered, because one could formulate the objection with as much force in cases of irresponsibility concerning which there can be no question.

(*c*) *Confirmatory Opinions of Various Authors.*— On the other hand, there are many adherents to this purely medical idea of attenuated responsibility. Gilbert Ballet cites the example already reported of the epileptic committing a crime while not in one of his attacks: "I consider that in such a situation one would be right in saying that his responsibility was diminished; that is to say, that the patient which you presented to me is a patient who has committed a crime or a misdemeanor, not under the influence of a pathological motor impulse, but under the influence of an ordinary motor impulse. Only by reason of his pathological condition he has less power of resistance. This is a

situation which to me seems to require special treatment; it is very different from the situation of criminals whom I might call irresponsible all the time, and also very different from those who were responsible. Along with the epileptic I would place an alcoholic who acts not under the influence of an hallucination, but who having, for example, received an injury from his neighbor, replies with more vehemence and vivacity than is necessary, precisely because his alcoholic habits have engendered in him a certain irritability. These are cases which ought to be placed in a medical category between those whom we class as wholly responsible and wholly irresponsible." Roubinovitch says: "All the culprits submitted by the judges to a mental examination are not insane; but many, perhaps a quarter, of those who seem peculiar, have psychic defects which diminish their penal responsibility to a degree which the judge, aided by the expert, ought to be able to establish. For myself, therefore, limited responsibility exists clinically, and, consequently, judicially. In two hundred and fifteen cases in which I have been called as an expert I have found exactly fifty-four in which I have been led to pronounce this form of responsibility." He repeatedly analyzes these observations and concludes: "In all these cases it has seemed to me impossible to come to a

conclusion of total irresponsibility, because I have proved in these individuals a sufficiently great knowledge of the nature of their criminal actions; all knew why they had acted thus and what profit they might draw from their actions: therefore, in the manner in which they accomplished their deeds there was something normal. If, on the other hand, I could not admit that they were completely responsible, it was by reason of the existence of a certain number of manifestations which showed that their nervous system was not like that of normal individuals in addition to the criminal acts which were consciously performed."

Dr. Legras, physician at the special infirmary of the Dépôt, says: "Each one of us possesses an organism which physically differs from that of his neighbor. This physical difference may work fatally in the mental or intellectual organization. One individual will enjoy a cerebral mechanism which physiologically will perform its functions in a sane manner; he will be conscious of his actions and it would be proper to consider him as being entirely responsible. In another, on the contrary, the intellectual faculties have undergone pathological disturbances; there is no doubt that a person of this nature is not responsible for his actions. But in the medicolegal clinic a large group of accused people appear in whom the cere-

bral mechanism does not perform its physiological functions quite regularly, and yet who, nevertheless, are not deranged." We have cited the example of the epileptic; "such a man having committed a crime should be clinically entered in the class of the intellectually weak-minded in whom a hereditary or accidental defect has brought about a sort of weakening of the function in his faculties. He is able to work; he is not incapable of distinguishing between right and wrong, nevertheless his cerebral mechanism never works well. He is like a watch which is always gaining or losing a little. Is it fair to hold such a weak-minded person entirely responsible or irresponsible as the accused of the two other categories? This would be a supremely unjust decision. In deciding upon the conduct of the various accused prisoners one must take into account every shade of difference which distinguishes their cerebral functioning from the normal. If it is true, as Leredu[1] has

[1] "It is certain, as Leredu also says, that a great many people exist who have physiological defects which are not enough to free them of all responsibility, but are enough to dull their intelligence, render their wills weak and vacillating, and to lessen, to a certain degree, a very large degree in fact, their responsibility." In the same strain, Paul Jolly adds: "In fact, one can not deny the existence of certain very frequently occurring cases of limited responsibility. To try to deny it would be to close one's eyes to the fact." This also is the opinion exprest by President Henri Joly, a member of the Institute and honorary dean of the faculty, at the close of this long discussion.

said, that diminished responsibility can not be defined, it nevertheless corresponds to a very evident clinical situation."

According to Dr. von Listz, "It is an incontestable fact that there are individuals with weakened or limited or diminished responsibility—the adjective matters little. I grant you that it lacks something in precision; but if you can find a better I will accept it gladly. But it can not be denied that there are individuals who are no longer responsible or irresponsible in the judicial sense of the word." To these very distinct statements made by men of high standing at the great discussion of the Société Générale des Prisons I might add a few opinions of classic authors.

Charles Vallon ("Traité de Gilbert Ballet") says: "Between the integrity of the intellectual faculties and complete mental alienation there are infinite degrees of difference; it is therefore perfectly logical to admit a state between complete responsibility and complete irresponsibility. Such a way of appraising legal responsibility is perfectly in accord with scientific ideas. . . . There are accused persons who, while not being insane and consequently irresponsible, show a special mental state which it is right to take into account in pronouncing upon their responsibility. Apart from mental alienation, which does away with responsibility, there

are numerous disturbances of cerebral health, or intellectual deficiencies, of such a nature as would constitute an excuse, or an attenuating circumstance; or, in other terms, would lessen the degree of responsibility of a delinquent or a criminal. Many of our reports have facts of this nature for their object. . . . It is not possible to indicate mathematically the degree of alienation, but one can employ expressions of this kind: diminished responsibility—to a certain degree—to a large degree —to a very large degree—to a degree which should be determined by the magistrates—to a degree of whose limit the magistrates will be better able to judge."

Régis ("Précis de Psychiatrie") says: "Those who are most convinced of the absolute irresponsibility of the insane have themselves admitted, in formal terms, the fact that the semi-insane have simply diminished responsibility, and J. Falret has said on this point: 'Such cases present a mixt condition, intermediary between reason and madness, in which it is permissible to discuss the degree of responsibility, and to admit entire responsibility or diminished responsibility according to the particular case and where it is not a question of applying the criterion of absolute irresponsibility.' It seems difficult for us not to join in such a just conclusion as that of J. Falret." Régis continues:

"I said to a jury in a recent case, 'Humanity unfortunately is not divided psychologically into two wholly distinct classes, with the sane-minded and entirely responsible on one side, with the entirely irresponsible insane on the other. But between the two there lies a great region, a so-called borderland, or middle distance, peopled by individuals who have blemishes of various degrees and who in consequence have different degrees of responsibility. But altho one can not measure with the millimeter the degree of responsibility of these intermediary people one can nevertheless establish for them, from this point of view, a sort of graded ladder, using an approximately accurate notation which would divide them into three degrees of attenuation: slight attenuation, rather large degree of attenuation, very large degree of attenuation.' These are, in fact, the three terms which are habitually used. This knowledge of diminished responsibility and of its practical medical application has, moreover, great importance for the expert physician, as in a great number of cases submitted to him for examination he could say of the greater number that they were acting while in incomplete or intermediary pathological conditions which do not carry with them absolute irresponsibility, but a diminished degree of responsibility."

(*d*) *Conclusions.*—Separated from the consideration of the social and legal application (which we shall study in the following section), the doctrine of attenuated or limited responsibility (I do not call it *partial*)[1] is scientifically established and is positive.

It is therefore by no means permissible to say that attenuated responsibility is only a subterfuge invented by cowardly or ignorant experts to lessen their own responsibility or that of the magistrate. It can no longer be said with Rougier, Director of lectures at the Law School of Paris, and Kahn, advocate at the Court of Paris, that it is a thing "which one feels," "which one recognizes or denies according to his temperament," that it is the expression of hesitation and of the expert's "diagnostic doubt," which does not correspond to any "reality from a medical and scientific point of view," and which does not constitute a "scientifically established truth."

Diminished responsibility is a scientific fact, scientifically established and capable of being analyzed. An expert may conscientiously and scientifically close his report with any of the three following propositions: 1, the accused is not irre-

[1] The question of partial responsibility is wholly different and I would only complicate this chapter unnecessarily by discussing it here. For partial responsibility see "Traité de Gilbert Ballet," p. 1469, and La Revue Pénitentiaire, 1905, p. 207.

sponsible; 2, the accused is responsible; 3, the responsibility of the accused is limited or attenuated to a great degree, or to a slight degree.

4. *Social Question of the Legal Attitude to be Adopted toward the Semi-insane*

If I wanted to keep wholly within my rôle of physician, I would stop with the conclusion at the end of the preceding paragraph: attenuated responsibility exists as a scientific fact; even altho, as has been said, the social consequences might be most deplorable, the duty of the expert would, however, be none the less distinctly outlined. He should state it clearly when his scientific conviction is made. As for the rest it is the business of the sociologist or jurist.

I would not be right in reasoning thus, and I have no wish to avoid the study of the social and judicial question (in spite of my incompetence), because, even from this point of view, the relations of the problem to medicine are very numerous and close. I will therefore try at least to set forth the terms of the following problem: Given a criminal declared to be semi-responsible by the physician, what are the duties and rights of society to such an individual?[1]

[1] See, for the rest of the paragraph, the discussion of the Société Générale des Prisons in La Revue Pénitentiaire, and the thesis of Michelon.

(*a*) *Attenuated Responsibility in Relation to the Laws as they Stana.*—French law does not recognize attenuated responsibility. Michelon proves this "with stupefaction." As Leredu remarks, the civil code[1] seems to have admitted the existence of two kinds of abnormality, making a distinction between interdiction and judiciary counsel.

Michelon, from whom I have gathered this information, does not think by virtue of our Article

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[1] I have purposely studied only the criminal side, which has been very difficult, and I have neglected altogether the civil side (capacity, interdiction), which is still more difficult to grasp and on which, I confess, I am not so well prepared. But according to the penal code there are only the responsible and the irresponsible, and the dements (article 64).

In some foreign countries these cases are provided for. The new penal code of Italy, for example, states (Article 47) that when a mental condition is such that imputability is largely diminished without suppression, the question of prescribing punishment is itself diminished, and the degree of reduction is indicated in the paragraph which follows it. In Greece, likewise, there is an arrangement of the same kind. If it is proved clearly and unquestionably that the power of reason is not wholly lost, but is materially altered and diminished to such a degree that it would be wrong under such conditions to apply the punishment pronounced by law, then a lesser degree of punishment than the one regularly prescribed may be imposed. Along the same line, Article 11 of the preliminary proceedings of the Swiss penal code contains a regulation conceived in the same spirit. If the mental health of the delinquent is only slightly abnormal, or if his consciousness is impaired, or if his mental development is incomplete, the judge may freely diminish the punishment. One finds similar dispositions in the penal code of the canton of Neuchatel and in those of Denmark and Sweden.

463 that in France we can fit the idea of attenuated responsibility to attenuated circumstances and diminish the punishment. "Attenuating circumstances," says he, "are not really brought out for that reason. They have to do rather with the provisional and accidental circumstances which surround the crime, and not to prominent conditions existing previous to the crime, such as the pathological condition of the criminal."

But this is not the general opinion. "Article 463," Leredu says, "by its free interpretation and natural application of attenuating circumstances will permit the imposing of a punishment with necessary moderation." Albanel says: "I believe that the texts of the laws in force, joined to the practise of criminal jurisprudence, are sufficient to meet all necessities, and that outside of cases of absolute irresponsibility which are regularly established, the psychiatric statements coming from an expert should permit one to settle not only the punishment to be pronounced, but even to apply more extended measures of indulgence, such as nolle pros., acquittal, respite, moderation of the punishment, and even conditional liberty and total or partial forgiveness." Looking at it from this point of view Henri Joly recalls that in Article 64 there are the words "when he has been constrained

by a force which he is not able to resist."[1] He adds that "this word force may be understood in a very general way, and that it lends itself to considerable extension, that it may be extended to the justification of many cases of hypnotic maneuvers of which the formulators of the code could never have thought, and to certain morbid conditions, however prolonged or temporary they might be." The curtailing of a punishment of which the semi-insane might thus get the benefit is not always sufficient.

"Let us suppose," says Jules Jolly, advocate at the Court of Paris, "that two individuals, one entirely responsible and the other with limited responsibility, have committed the same misdemeanor. The first, for reasons connected with facts which have nothing to do with his psychic condition, deserves the benefit of the most attenuated circumstances, and the tribunal applying

[1] These are the expressions which cause the editor of "Le Matin" (July 18, 1906) to say that this article 64 "flagrantly disagrees with the principle." "The very idea of the penal code taken as a whole is," says the same author, "that free-will does not exist in the absolute sense of the word, and determinism, by scientifically proving that free-will does exist, is sufficient to demonstrate the irresponsibility, or at least the very attenuated responsibility, of the criminal or the culpable. The latter always, to a certain degree at least, *will have been constrained by a force which he is not able to resist.*" I believe that this difficulty no longer exists with the medical idea of responsibility, which is independent of the doctrine of free-will and based only on the normal condition of the psychic neurons.

Article 463 to his case would give him the minimum punishment. The second deserves the same indulgence by reason of the facts connected with the case and, in addition, his responsibility was limited. What treatment should the tribunal mete out to him? Exactly the same as for the preceding? It will then be absolutely impossible to take any account of limited responsibility except in the case of attenuating circumstances, and it would be exactly the same if, as has been suggested, very attenuating circumstances were introduced into our laws. From this statement I conclude that, if one admits limited responsibility, it is necessary to create, along with it and outside of the pale of extenuating circumstances, a special ruling for delinquents belonging to this category."

Leredu also thinks that in certain cases "Article 463 does not permit the judge to descend sufficiently low in the application of punishment. Perhaps, if it were permitted to impose as slight a degree of punishment as that which the law imposes, one would not so often find equipments which seem unjustifiable"; which, nevertheless, are explained by the fact that the judge prefers to go to the extreme of absolution rather than to pronounce a punishment which, by reason of its severity, would be unjust. There should also be "included in our penal legislation a special article

which should provide that in the presence of a culpable or an accused person, who has been proved to be partially lacking in responsibility, the judge should be permitted to pronounce slighter punishment, this special article being always of course combined with Article 463." Here we have the first desideratum proposed to the reformers of our penal law.

(*b*) *Objections to the System of Shortened Punishment.*—There have been the strongest objections to the preceding system. Rapoport, advocate at the Court of Paris, says that it is dangerous "for individuals whose moral energies are very weak to make them aware of this by telling them: 'The fact is, your responsibility is very attenuated; no one can hold much against you.' That is almost the same as telling them, 'Continue in your harmful ways!' It may be that it would diminish their responsibility, but it is very certain that it would also diminish their faculty of moral resistance. To reverse a celebrated saying, which would make me say, if limited responsibility does not exist it ought to be invented, I would say on the other hand that even if attenuated responsibility exists one must to a certain measure and in a certain sense take no account of it. I mean that it should not be admitted to the people themselves."

"In diminishing the culpability of a man first

by limited responsibility and then by extenuating circumstances, even tho they may be very attenuating, you will arrive," says Le Poittevin, professor of the Faculty of Law in Paris, "at practically nothing more than a pat for a punishment." The saying has taken hold in Paris and has been widely quoted.

According to Henri Sauvard, advocate at the Court of Paris ("A New Excuse Founded on the Idea of Limited Responsibility"), both would be "at the same time irrational, useless, and dangerous in practise. It would be demoralizing to social conscience; it would be dangerous as a legal formula, instituting a new excuse, and would officially proclaim to the public an idea of limited responsibility."

"When a tribunal," says Gilbert Ballet, "takes attenuated responsibility into consideration in forming a judgment to diminish the punishment: 1. He condemns the culpable individual. This is the first fault, for it condemns an individual whom the physician has not been able to pronounce truly irresponsible, since he has the idea of right and wrong and of the bearing of his actions, and since he does not obey absolutely the pathological motor impulse, but is only abnormal. 2. He condemns him to a slight punishment. This is the second fault, at least from the point of view of

social protection. In the same way you have stamped upon the brow of this individual, who after all was defective, organically speaking, the stigma of criminal, which ought not to be there; on the other hand, you have not protected society, for you have abbreviated his punishment, thus permitting him all the sooner to resume the round of his misdemeanors. You have therefore at one and the same time, it might as well be said frankly, for frankness is essential in such a discussion, performed an act of injustice and have failed to protect society."

Paul Garnier says that they are beginning to humanize the penal code. "This providential Article 463 will have a beneficial effect, a logical tempering of the excessive rigor in the law. In theory it is just, reasonable, and humane. In practise and in the condition of our judiciary and administrative organization it will be pushed to absurd limits. How deplorable its results will be! The very reasons which are of benefit to the delinquent are precisely the same which will tend to bring about recurrences and to render the individual dangerous. Justice has failed to attain its true object, which, above all, is that of social preservation. Under these conditions the system of social defense is only a dangerous delusion. Under these conditions it would not be permissible, so to

speak, for justice to strike as it should and where it should."

According to Grimanelli, Administrative Director of the Penitentiary, "the worst of all solutions is that which consists in applying to the semi-responsible a scale of reduced punishment either by means of commutation or by shortening the length of the punishment. Of all solutions the last is the most harmful to the individual and to social interests. For short punishments, under these conditions, act neither as repressive agencies nor as curative agencies; and it is even probable that such a régime of short penalties will only end by aggravating, without any benefit to society, the case of the unfortunate individuals to whom it would be applied, without in any sense ameliorating the conditions of their lives or conduct."

Prins, professor at the University of Brussels, says: "The number of short punishments is increasing everywhere, and everywhere there are complaints. We must find some remedy for this increase."

And Garçon, professor of the Faculty of Law in Paris, adds: "First of all we must shun these trifling penalties, which are of no use whatsoever either socially or individually. They do not preserve order, and they do not improve the character of the guilty." Finally, Michelon says: "The idea

of attenuated responsibility has deplorable results. If on every side one sees with terror the increasing number of relapses into crime, one can see at the same time the pernicious rôle which this idea of attenuated responsibility is playing. Everywhere people are beginning to raise their voices in alarm. Everybody knows that the plague of our judicial system is the abuse of short penalties. There is already a whole literature published on the inconveniences of such a system. It has been felt for a long time that short punishments are not successful to improve the condemned, but are amply sufficient to corrupt them."

This is a feeling which seems to be wide-spread. If the idea of diminished responsibility is brought forth only for the purpose of diminishing the punishment, the results are bad. What deduction can one make from this? Simply that one must look for another social and legal application of this idea, but not that one should fail to make any social or legal application of the idea of attenuated responsibility.

When Michelon says that the idea of attenuated responsibility has had deplorable results, and when Rapoport says that if a limited responsibility existed it ought not to be taken into account nor spoken of nor acknowledged, I believe that these authors seem to have departed in a strange way from their

premises in drawing such conclusions. If shortened punishments logically lead to the condemnation of attenuated responsibility, it can only be if short punishments are the *only* possible legal application of attenuated responsibility. But this seems to me not yet to have been proved.

I therefore conclude this paragraph by saying it would be most distressing and harmful if the consideration of semi-responsibility should lead to the multiplication of short punishments. Let us see if there is not some other method of applying this scientific and definitely acquired idea of limited responsibility to the law.

(*c*) *The Principles on which Reforms Ought to be Based.*—It is necessary in order to assure any results from this treatise, to lay down the principles which we ought constantly to have in mind when we are formulating the reforms which we wish to bring about in any legislation for semi-insanity. Society ought, according to my way of thinking, to take an equal interest in its own defense and in the assistance and treatment of the semi-insane.

For the semi-insane who are harmful, social defense ought to be severe, at least as severe as for those who are in possession of their reason and are fully responsible. And, to a certain degree, the means of this social defense ought to be the same both for the semi-insane and for the rational.

We have frequently repeated the fact that the semi-insane man differs from the insane in that ordinary motor forces have a certain action upon him. The ideas of law, of prohibition, of punishment, and prison have an influence upon the determination and upon the actions of the semi-insane. He understands the duties of the policeman.

In opposition to Henri Robert, who considers it "unjust to keep the semi-insane man imprisoned," I hold that the idea of punishment and prison ought to figure in the decisions of society concerning the semi-responsible. Roubinovitch and Grimanelli have remarked "that the fact of being deprived of one's liberty in a prison was extremely hard to delinquents of limited responsibility." Hence if the measure has a certain action upon their psychism, society has no right to deprive them of this measure. As Professor Garçon has said, one should not pronounce a punishment which the delinquent can not understand. This is the case of the insane man. But since the semi-insane man can understand, he needs punishment.

But punishment is not enough; society does not confine itself to the function of defending itself against the harmful semi-insane; we ought to help and treat them. Punishment and prison by no means exhaust the duties of society toward the semi-insane. This is what is understood as, and

what is called, the German system. In this system, as set forth by Adrien Roux, Dean of the Faculty of Law, the punishment is first diminished by Article 57 of the German penal code. "If, however, this delinquent seems to the experts dangerous to the public safety by his persistent cerebral weakness, the repressive tribunal should order a provisional guard for the condemned. Then the procedure should, as for the insane, take place before the civil tribunal, which ought again to pronounce sentence, or interdiction and definite confinement, or this latter measure only. If the delinquent is punishable, the sojourn in the hospital should not begin until after the expiration of the punishment."

This is the very sound idea which Lacassagne and Étienne Martin have developed. "The first object of punishment should be social defense. . . . The second should be a means of education and a development of the mental faculties. . . . To attain this secondary and very humane end it would be necessary for the jurists to admit to their codes the idea of indeterminate condemnation, and that the penitentiary, instead of being simply a place of confinement, should be transformed into a sort of moral orthopedic school where one would educate those individuals whose moral faculties were but slightly developed, just as one educates

idiots or imbeciles in medico-pedagogic establishments. One should never therefore say, as has been said, the semi-insane is either a guilty man who should be punished, or a patient who should be shut up. The insane man is only a patient. The rational man only is guilty. The semi-insane man is both. For him one should not choose between the prison and the asylum; but one should make him go to both, and herein lies the great practical difficulty of the question."

When one compares a semi-insane man to the sane and to the guilty, one should not, like Henri Joly, say that he is neither the one thing nor the other, but rather that he is both the one and the other. To the same author the German solution appears "peculiar." "This does not seem to me a proper solution to recommend, at least not to the French public." Give men then a system which would consist in treating the patient for two diseases and in employing at the same time the remedies intended for one and the other. And why not? In France as well as in Germany if a syphilitic breaks his leg one does not refuse to take him to the hospital in an agonizing dilemma whether he shall be treated for his fracture or his syphilis; I believe that they would treat both troubles at the same time, and I hold that the two cures would help rather than hurt him. I do not

believe therefore that it is necessary to say, with Professors Prins, von Listz, von Hammel (of the University of Amsterdam), and many contemporaneous savants, that the state has only the mission of social protection and social defense against social danger, and has only one essential end to attain—"the preservation of society against crime." It also needs to assist and treat the delinquent when he is semi-insane.

These are the two principles on which one ought to found the conduct of society in relation to the delinquent and criminal semi-insane. Let us press the question still a little further and see what society ought to try to do to solve every point in this problem.

(*d*) *Modifications to be Brought to Bear upon Punishment.*—What modifications should the semi-insanity of the delinquent bring to bear upon the punishment merited by him?

a. Diminution of Punishment.—The jurists will have to see whether and in what proportion they should diminish the punishment, as is done in certain foreign countries. In this question they will take into account the fact that the principal objections brought against this paring off of punishment would be that it would lose much of its importance, when the shortening of punishment is not the only consequence of attenuated responsibility.

β. *Special Penitentiary Régime.*—Should the sentence pronounced against a semi-insane individual be confinement in an ordinary prison; or should there be a special penitentiary régime for the condemned semi-insane?

The Italian law permits the judge to order "that the bodily punishment, instead of being inflicted in an ordinary prison, may be executed in what is known as a *casa di custodia*, a sort of guard-house or hospital prison." Leredu does not approve of this opinion and finds that the Italian law goes "a little too far."

The majority of authors take a stand against the idea of a special penitentiary régime for the semi-insane. Professor Le Poittevin says "that they should be punished less, not by diminishing the duration, but by diminishing the nature of the punishment and by applying a punishment which is as long, but more curative and educational and better adapted to the temperament of the semi-responsible. The penal reaction, even to the same degree, would be of a much better quality."

Charles Constant says, "The responsible will be punished whatever may be the psychic or mental defects recognized by the physician in his report, with or without the application of Article 463; but when this report shows that he is a man whose defects can not be cured simply by the effect of indi-

vidual imprisonment, it would probably be better either not to pronounce the judgment or by a special note to call the attention of the penitentiary administration to this delinquent or criminal. Altho he should be punished like the rest on account of his responsibility, nevertheless he ought to be subjected to a special penitentiary treatment, which should be moral rather than medical."

Prins advises "to replace this idea of shortened punishment as a consequence of diminished responsibility, by the idea of a different form of punishment according to whether the delinquent's condition was dangerous." In connection with this idea of transformation of punishment or of a special penitentiary regime, there is no better example to be furnished than that of alcoholics who are often curably semi-insane.

Thus Henri Hayem, professor of *belles-lettres*, said that sixty centiliters of wine were distributed to the prisoners of Fresnes. This was perhaps contrary to what would have been done in a hospital,[1] as from the beginning they would suppress wine. Here is a remedy which could be applied at once. The first undertaking of precaution which should be taken against these patients would consist not only in a radical suppression of all alcoholic drinks,

[1] I do not believe, however, that alcoholics should be deprived of wine even in a hospital.

but also in a special organization of restriction and education concerning the dangers of alcohol. Ought not one to take, in connection with habitual drinkers, every possible measure which might have any effect specially to rid our tribunals of these delinquents of a peculiar nature? Already certain foreign legislatures—that of the canton of St. Gall and that of the state of Massachusetts especially—have pointed out the way which we ought to follow. "Still more definitely," Legrain adds, "it is in these individuals[1] that alcohol, to the exclusion of every other factor, is the cause of the evil and of its return. Suppress alcohol, or, what amounts to the same thing, treat the habitual drinker according to the methods whose terms are well defined at the present day, and you will forestall at one blow 70 to 75 per cent. of the relapses and will restore to the life of the world many beings in whom no defect will remain and who had become delinquents only by accident, or criminals by reason of relapses."

Therefore, the conclusion that seems to me certain is that the punishment pronounced for the semi-insane man, whether it be diminished or not diminished (that is the business of the law-makers), ought, in all steps taken, to be carried out under special conditions, in a special quarter of the

[1] This does not include dipsomaniacs among alcoholics.

prison or in a special quarter of the hospital, of which I will speak in the following section, in all cases with special regulations in the elaboration of which the physician should be consulted.

(*e*) *Surveillance and Treatment after Punishment.*—At the expiration of his punishment, the semi-insane man ought not to receive his dismissal as would an ordinary man. The shortening and lightening of the punishment which he has undergone would be compensated for by a medical surveillance and obligatory treatment, which should last for a certain time longer.

a. Necessity of Legal Obligation.— The first point to be emphasized is the principle of this obligation. The obligation of medical surveillance and treatment after the expiration of the punishment should be incorporated in the *law*.[1]

In order that the measure should be right and effective, the subject ought to be legally retained when he has ceased to be detained.

Here is the opinion of Leredu: "The criminal of limited responsibility ought to be confined, at the expiration of his punishment, whenever it is thought necessary, in an asylum until he may be

[1] This is independent of the very serious and general question of the duties of society toward the semi-sick. See Babinski: "Les Demi-infirmes," Le Matin, October, 1905; Paul Brousse, Mesureur, Faisans, *ibid.*, October 10, 1905; Jacques Dhur: "Pour les Épaves de la Vie," Le Journal, October 22, 1905.

declared cured. This is a serious measure, undoubtedly; but these semi-insane, as they call them, are often more dangerous than the wholly insane, more dangerous chiefly because no precautionary measures are taken concerning them." From the medical point of view Gilbert Ballet has accepted the same outlook as Leredu.

Italian law, which provides the *casa di custodia* for the fulfilment of the punishment, provides another for the period which follows its expiration. I have already said that it differs wholly from the German system, which permits the judge to order a provisional guard and definite interdiction and confinement. As von Listz has said, "the accused at the expiration of his punishment is looked upon as a sick person, and measures of caution are taken against him." Yes, we really have a patient on our hands, but a patient who has been and who still can be harmful to society. It is therefore necessary to nurse him *by force*. This is the new idea which we must impress upon public opinion and into the law.

To this point of view they object that even reduced, the punishment, thus prolonged by confinement, may positively be much longer than if the subject had not received the benefit of his attenuated responsibility.

Of the responsible or of the semi-responsible,

Feuilloley, the general advocate of the Court of Appeals, asks which in reality will be the most punished? Manifestly the semi-demented will be the least culpable. "For," as G. Bonjean has justly remarked, "this individual hardly attaches any importance to what may be said in official language, that he is retained in place of detained, and that the word asylum instead of prison is written on the door of the institution where he will be placed. That he is shut up in order to be douched instead of being made to make shoes matters little. In the one case as well as in the other it is privation of liberty. It will therefore be, I repeat, the least blameworthy who will suffer the most. Is this just?"

And the insane man! He is still less culpable, and yet they deprive him of his liberty for a much longer time in the asylum, even if he is not a criminal.[1] Furthermore, I believe that the semi-insane understands very distinctly the difference between a prison and an asylum, between a place where one is *punished* and one where one is *cared for*. If

[1] "Therefore," as Grimanelli has said, "we have not only the insane who have committed actual crimes or the delinquent, but the insane who are recognized as dangerous without even having committed a wrong act. Therefore this serious privation of liberty, this belittling of the human individuality, inflicted by society without remorse when she has to do with diseased people who have not seriously disturbed the social order of things. Consequently, if the objection had any value society would make such an extension that it would be impossible to take count of it."

society has the *duty* of caring for all its sick, it has the *right* to care by force for them when they are dangerous.[1]

β. Special Institutions for Surveillance and for this Treatment.—This medical surveillance and treatment of semi-insane criminals after the expiration of their punishment ought to be made, not in an ordinary insane asylum, but in a *special hospital*, or at least in a *special quarter* of the asylum.

This manner of looking at the question is that of the majority of speakers in the great discussion of the Société Générale des Prisons, notably by Malgat, Gilbert Ballet, Garnier, Colin, Roubinovitch, Grimanelli, Legras, Prins, van Hamel, Levy, Garraud, Charpentier.

It is even the advice of Michelon, who does not want to admit attenuated responsibility, but who recognizes that semi-insane delinquents can not be treated like others: "Since one can not think of an attenuated responsibility of which the result is a diminution of duration of the punishment, one wonders what fate would be reserved for the individuals attacked by semi-insanity. And now behold everybody agrees on the simple question. Jurist, physician, and sociologist are unani-

[1] See Dr. Toulouse: "Le Traitement du Crime," Le Journal, November 16, 1906.

mous in admitting this lack in our repressive system; . . . since neither the asylum nor the prison is suitable for our category of criminals, necessity demands the creation of establishments which (as Tarde says) will offer to society a security which the first kind of institution would never procure in the same degree and which the second would give at the expiration of justice."

There, however, have been objections made (Voisin, counselor to the Court of Appeals, and Georges Bonjean, judge of the Tribunal of Paris) to the special hospital, and certain ones prefer the system of *patronage*. "If we wish," says Charles Constant, "to administer moral treatment whether in a special prison or in an annex of the prison, or in the prison as it actually exists, it is rather the work of your patrons, to which you would devote yourselves with so much interest, than the work of a director of prisons. There are members of these societies who, entering the prisons, have admirably filled this rôle of apostles to the unfortunate individuals of weak moral status; these are the people who can reform them; but for that it is necessary to have a punishment of very long duration, and that would be to run counter to the very careful work of the patrons who are trying to diminish the duration of the confinement under the pretext of a diminished responsibility."

I do not need to return to the question of the scientific reality of attenuated responsibility; and without wishing in any way to diminish the extent of the very valuable services which these patrons render, I believe that they are only serviceable to the responsible, but in the same way that the physician is serviceable to the irresponsible; the semi-responsible need both moral treatment and medical treatment in a special house. "Our very modest hope," says Maurice de Fleury, "is to obtain . . . the creation of hospital prisons intended for the insane and for the great neuropathic criminals, mixt houses where the physician will be called into play—with the concurrence of the instructor and the almoner—this rôle of moral adviser to which we aspire and which is really laid upon us."

γ. How long should this medical surveillance and this treatment last and by what procedure should one dismiss the semi-insane criminal?

It would hardly be possible to mention the length of this period of treatment in the sentence. The physician is the only judge of the moment when the subject is completely cured (which is the best that could be hoped for, but which is not always possible), or at least the moment when the subject is sufficiently improved to have recovered the entire responsibility of his action. It is necessary to keep him as long as he is disposed to consider his

responsibility diminished if he should commit some new misdemeanor. The judge should, moreover, advise a minimum time or, better, a maximum time beyond which the delinquent should not be allowed to go in freedom, but should be submitted to a new examination either by the tribunal, or (what would be better) by a special medical commission (such as Prins asks for).

On this point I am quite in accord with the opinion of Michelon.[1] He declares that we should "deliberately reject any fixt time in advance for the duration of the confinement" and rest upon the opinion of Garraud.[2]

He adds that it is not enough simply to cure the individual, but that the cure must be so radical as to exclude all possibility of future relapse. This is what is done, it seems, in England and in Italy. Finally one could, as Feuilloley proposes, add conditional liberation: "the authority charged with decreeing the lengthening the confinement could only order the first trial release, which would

[1] It is quite true that while starting from absolutely opposed points of view one may meet upon the same practical ground. See also Saleilles, *loc. cit.*, p. 262 of our chapter viii.

[2] "The idea of the indefinite time might be usefully applied . . . when it was a question of carrying out measures of education or preservation of safety which by their nature would be impossible to determine in advance." "And among these cases," adds Michelon, "Garraud ranges those who are abnormal or are cerebrally imperfectly responsible."

permit one to judge whether the criminal was entirely cured."

Feuilloley adds: "What I do not want is that, when it is a case of a criminally insane man, the physician should have the power to give him his liberty and his papers of release without an examination by another counter-expert and without debate and without any control other than that which is purely nominal by the prefect. That is why I hold that there should be another decision of justice, for such a decision would be a very great guaranty as much for the individual himself, against retention which might have ceased to be just, as for society against premature liberation."

It is certain that all this procedure ought to be regulated by law. But I shall touch upon this point in the following section.

(*f*) *The Authority which shall Pronounce upon Attenuated Responsibility.*—*a. Rôle of the Physician.*—The importance of the physician, in the appreciation of insanity or semi-insanity which is so generally accepted to-day, has not always been recognized; witness the two following quotations borrowed from Trélat:

"If the law wishes to have physicians consulted on questions of insanity it is undoubtedly through respect of custom, and nothing would be more gratuitous than the presumption of their special

capacity in such matters. In all good faith there is no man of sound judgment who is more competent for such a matter than M. Pinel or M. Esquirol, and who would not have the advantage over them of being quite ignorant of all scientific knowledge. Unfortunately, physicians have taken this politeness of the tribunals quite seriously, and in the examination of the questions which they have put to them they have too often substituted the ambitious ignorance of a medical school for the natural light of reason." [1] "What need have we of medical aid in determining mental disorders? If insanity is present any man can recognize it by its extravagances and its rages; if there is a doubt about it, this doubt exists in exactly the same way for the physician."

This was written between 1826 and 1830. But much more recently an attorney-general has said that "to accept the plea of irresponsibility for a man who had committed a criminal act under the irresistible influence of a suggestion, would be to plunge society into an anarchy of unpunishable crimes." And it happens every day still, when an expert gives his diagnosis as attenuated responsibility, that the prosecuting officer puts this question to him: "Do you commit this man to an in-

[1] It was in the Journal Universel des Sciences Médicales that this retrogressive phrase was published.

sane asylum?" The physician hesitates or replies: "No; not in an ordinary insane asylum such as exists to-day." Then the attorney-general turns triumphantly to the jury and declares this man should be condemned without taking the conclusions of the medical expert into consideration.

Henri Robert has collected a series of cases in which the tribunals have paid no attention to the opinion of physicians and has called particular attention to that of the court-martial called to try a soldier who had killed the wife of an officer under very peculiar and frightful circumstances. A well-known physician of high rank, after examining the accused, gave it as his opinion that the man had attenuated responsibility. Then the president called the chief warden of the military prison and asked him his opinion concerning the man's responsibility. "Colonel," replied he, "I believe the man to be responsible." And the soldier was condemned to death.

Rougier says further: "The physician chats a little with the accused and judges of the degree of his responsibility by his replies and by the information which he may be able to gather concerning his mode of life, his past, his family, etc." "In what respect is the physician," he asks, "outside of his knowledge of physical or mental disease, especially qualified for examining these different

circumstances? Why should the magistrate and jurors turn over the responsibility to the physician when the latter only bases his judgment on facts which they themselves are just as well able to decide upon and which it is our right and our duty to decide?" This sounds remarkably like the reasoning of 1826 to 1830.

It is certain that, as I have already said in my second chapter, the "two-block" theory (of the responsible and irresponsible) was much more convenient. It must be added that the somewhat paradoxical expressions of certain eminent physicians have astonished their adversaries and have given them a basis for their arguments.

I have cited the opinion of several physicians who do not admit attenuated responsibility when it is impossible to make ten or even five reports without having to bring in this idea. Gilbert Ballet has gone further and has said: "The question of responsibility or irresponsibility, as far as I am concerned as an expert physician, and thinking and speaking only as a physician, is absolutely indifferent to me. *It is not indifferent to me as a biologist or as a psychologist;* but as an expert physician I consider that it is on account of a deplorable habit that magistrates and judges put such a question to the physician, asking him whether such an accused person is responsible or not.

This question is one which the physician is not qualified to solve. It has happened to me many times that, having testified in the Court of Assizes and having evidently failed to satisfy the president by my purely medical replies, he has put this question to me after a certain amount of impatience: 'Well, to come right down to it, is the accused responsible or not?' I have not hesitated to reply: 'Mr. President, I am here as a physician; I have come to show you from the medical point of view what is the matter with the accused whom I have been asked to examine; it is for you to decide whether he is responsible or irresponsible. The question which you have asked me is of a metaphysical or psychological order; it is not a medical question.'"

It seems to me that Gilbert Ballet[1] has since answered himself. As an expert how can he help exercising his knowlege as a biologist and psychologist? The question of responsibility is by no means metaphysical; but it is psychological; consequently it is also a medical question. Therefore, if magistrates are so willing to consult Gilbert Ballet and place so much confidence in his expert opinion, it is because they know that our eminent

[1] It will be interesting to read the report which Gilbert Ballet has prepared for the Congress of French Neurologists and Alienists (Geneva, August, 1907) on expert medicolegal opinions and the question of responsibility.

colleague is a psychologist and at the same time a physician. The expert's field is not limited to pointing out physical stigmata, such as the high-arched palate, which has been so much laughed about; it extends also to the discovery of the psychic stigmata, and it is not sufficient for him to confine his duties merely to making a list of symptoms which he has noted; he ought to group them, interpret them, and draw a diagnosis from them. This diagnosis practically comes down to the question of responsibility, irresponsibility, or attenuated responsibility. Does not this seem to be medical work of the highest grade, and exclusively medical work?

Georges Bonjean has made this excellent reply to Gilbert Ballet: "Of what use is the expert's work if it does not go to the point of drawing a psychic conclusion? There would be no reason for its existence. . . . Do not overvalue your mission, for the whole of science is for the safety of the accused and for the sake of justice!" Another magistrate has said the same concerning the putting of the question of responsibility or of irresponsibility—"the physician, as a true scientific jurist, ought to reply affirmatively or negatively." And Dr. Legras has said, "I do not make any scruples in responding to this demand, because, whatever one may say, the medical expert in his

conscience sees to the bottom of these statements and takes all the consequences of them, not only from the point of view of the mental of physical state, but also from the standpoint of the responsibility of the prisoner."

The expert physician takes into consideration every circumstance and act which he has observed, and draws his conclusions from them, not only from the mental or physical point of view, but also from the point of view of the responsibility of the accused.

As a fact, the attitude of the court is more or less fixt. It continues to insist that physicians shall decide upon the responsibility or the irresponsibility or the attenuated responsibility of the accused.[1]

If the physician wishes to retain his rôle and his influence he must thoroughly appreciate the importance of the mission which has been entrusted to him,[2] and I repeat that he must be both physician and psychologist.

It can not be admitted that all the psychological

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[1] In 1895 at the Congress of Alienists and Neurologists M. Delcurrou, first President of the Court of Bordeaux, in a very remarkable conclusion asked that the number of medicolegal experts should be increased, and wished to have a neurological physician established as prominent counsel to the criminal court (Maurice de Fleury: *Loc. cit.*, p. 110, note).

[2] See Cruppi: *Loc. cit.*, p. 300.

causes (Bonnefoy, Recorder at Paris) and moral causes (Rougier) of diminished responsibility belong rather to the jurist while the physiological belong to the physician. When, as Charpentier says, they ask by whom a study of responsibility was made—"was it by a magistrate or by a physician or by a psychologist?"—the answer should be, By the physician, who ought at the same time to be a psychologist. For the psychology which is necessary to this problem mingles with the physiology of the nerve-centers.

Paul Jolly has very aptly said: "I can hardly understand limited responsibility except as a result of medical expert opinion." In the same way Laborde, professor of the Faculty of Law of Montpellier, would not admit "any extenuating excuse for diseased or degenerate people if the judge had pronounced them such without expert medicolegal consultation."

Therefore, the rôle of physician is all-important and can not be misconceived. The physician alone can declare whether an accused person is responsible, irresponsible, or semi-responsible.

β. *Rôle of the Judge.*—This means that the physician, and the physician only, may pronounce the degree of responsibility of the subject? I do not accept this. The medicolegal expert is indispensable as a starting-point. If the physician declares

the subject responsible, the case is clear on this point and without any help of the judge; but if the expert concludes that he is irresponsible or semi-responsible, there should be a discussion with the judge before pronouncing this irresponsibility complete or incomplete.

This fact is true even for the insane, who belong much more exclusively to the physician's realm than do the semi-insane. When the discussion in the French Senate was held to reform the law of 1838, Dr. Combes, who had been appointed President of the Council, wished to make the commitment of the insane purely and exclusively a medical question. This was overruled in the project of the law (as in Dubief's project), as it was an exaggeration.

There is still greater reason, in discussing the semi-insane, that one should not, as Michelon says, "substitute the physician for the judge, and give, as some would like to have it, the authority of judgment to the medical report. In this respect we ought to repudiate the German system which under certain conditions subordinates the decision of the judge to the conclusions of the expert."[1]

[1] "And yet," continues Michelon, "it must be remarked that these conditions are such that as a matter of fact the decision of the judge is most often left absolutely free. In fact, it is first necessary that the scientific laws on which the expert bases his opinion should not be contested; and in the second place, that the application of these laws to the particular instance should be rational,

The physician ought not to become "master of the judicial decision." [1]

Therefore, the rôle of judge, altho chronologically second to that of the physician, is none the less as necessary from a logical point of view.

That being settled, "what is the judicial authority which shall have the right to pronounce upon this question? This should be none other than the tribunal of judgment," says Leredu. . . . "Before the corrective tribunal nothing could be more simple. The judge, giving the reason for his judgment, would state the nature of the limited responsibility which had been pointed out to him, for example, by a medicolegal report; [2] . . . but the most important and delicate question, as far as the criminal is concerned, comes before the jury. Who, in the Court of Assizes, has the authority to pronounce upon the question of limited responsibility? Shall it be the jury or shall it be the court? As for myself," concludes Leredu, "I claim this right for the jury. . . . The jury, in its

and finally, that the declarations of the expert should not be in contradiction to the oaths of the testimony of the witnesses of the accused" (Labroquère).

[1] "Along the same lines Saleilles says: "It must not be believed that one can always be content with a purely pathological diagnosis and refer back only to the alienists."

[2] "It is the correctional tribunal which, instructed by the expert physician and knowing all the facts of the case, will condemn (this word is important) the semi-insane man to be committed to a special asylum" (Michelon).

verdict, will then have to take up the special question which will be put to it concerning the condition of limited responsibility. As to the measure to be taken, that is for the court to decide."

Like Leredu, Laborde would submit to the jury the question of diminished responsibility, and even that of commitment, which Leredu reserves to the court.

On the contrary, Henri Robert, "a partizan of the extension of the power of the jury," would like to have "the jury in control of the punishment." But as the jury, as a rule, is "completely indifferent to questions of responsibility or irresponsibility," it is the court which would pronounce upon this point.

"There are others," says Michelon, "and they are very numerous, who extol the fusion of the jury and the court, a system which has already existed in certain countries under the name of aldermanship; . . . the fusion between the two bodies can exist in an absolute way, as well for the question of responsibility as for the fixation of the punishment. This system would introduce an element of stability and intelligence into the institution.

"Finally, certain persons propose to institute alongside of the ordinary jury a second jury representing conditions which must be discust in their scientific bearing. . . . One would choose this

jury from people who, by reason of their profession or their tastes, would have a thorough comprehension of men. These would be, for example, *physicians*, *sociologists*, *presidents of charitable societies*, and *directors of penitentiary establishments*. Moreover, this idea of a technical jury exists practically in Germany in the tribunals of councils under the form of medical boards. . . . The ordinary jury, drawn as it is and such as it actually exists, would be able to judge of the imputability, that is to say, of the relation of the natural causes between the crime and the accused. *The technical jury would take up our responsibility*, *or*, *more exactly*, *it would give discussions of the mental conditions of the accused;* then it would make a choice of a punishment. It would remain for the court to declare the duration of punishment. When it was a question of one of these cases which are described as attenuated responsibility, the court, on receiving the opinion of the technical jury, would pronounce an indeterminate length of punishment."

According to my way of thinking, physicians only can give an account of the mental condition of the accused. The technical jury, therefore, ought to be exclusively medical. Then the rôle of judge is too limited. But beyond this I must declare myself incompetent on the fundamental

element connected with this particular question, which belongs absolutely to the domain of jurisprudence.

γ. *The Necessity of Including the Semi-insane and the Idea of Attenuated Responsibility in the Reform of the Law of 1838.*—At all events, there is one point on which everybody agrees, and that is the necessity of modifying the existing laws or of making a new law which would regulate in France all these questions concerning the semi-insane and attenuated responsibility. The simplest thing to do would be to include the question in the reform of the law of 1838 which has everywhere been so urgently and yet so ineffectually demanded. Every one knows how great is the need of this.[1]

The law which is still actually governing us in our treatment of the insane was promulgated by Louis-Philippe at the palace of Neuilly on June 30, 1838, and was completed by a royal decree on December 18, 1839. This law was a true step in progress at that period.[2] It was the first legislative regulation replacing the purely administrative regulation of the police ordinance of August 9,

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[1] See "Les Devoirs et les Droits de la Société vis-à-vis des Aliénés." Revue des Idées, July 15, 1906, p. 513.

[2] See the report of Larmande: Bulletin de la Société d'Études Législatives, 1904, t. iii., p. 25.

1828. There was an element of "respect for the principle of individual responsibility" in this law which "was then in advance of the majority of legislations in Europe, the several hastened to imitate it." But it was none the less simply "a law of safety" or a "police law."

Since then medical science and social science have made great progress, and in our new projects there appears the idea of *assistance* and of *necessary care* for the insane, as well as the idea that this assistance and this care should be *obligatory*. The idea of social defense necessarily implies today the idea of assistance, and the assistance of the insane is much more obligatory than defense against the insane.

The law of 1838 is therefore insufficient and ought to be reformed. But in the country where for long years the ideas on this subject have been cut and dried, the parliaments and academies, as well as the press, have vied with one another in eloquence and sterility. The desired reforms have been cast into two projects (which are not yet voted on), the project of the Senate and the project of Dubief.

Neither the law of 1838 nor any of the drafts of the new law takes up the subject of the semi-insane. There is a serious lack here which it is necessary to supply.

The new drafts of the law take up the question of epileptics, alcoholics, idiots, and cretins (which the law of 1831 absolutely ignored). The following are the plans concerning them:

Draft of the Law of the Senate

Article 1.—The insane who are reputed incurable, epileptics, idiots, and cretins may be admitted into these establishments (public or private asylums devoted exclusively to the treatment of mental alienation) when it has not been possible to provide a place for them in houses of refuge or colonies or institutions especially set apart for the isolation and treatment of epileptics and for the isolation and education of idiots and cretins.

Draft of Dubief's Law

Article 2.—Public asylums ought to include, in the absence of and in the expectation of special asylums, certain quarters or annexes for epileptics, alcoholics, idiots, and cretins. . .

(These patients will continue to be admitted into the insane asylums while awaiting the opening of special asylums.)

In the space of ten years the departments ought to open special establishments or special sections intended for the treatment and education of all idiots or backward children, cretins, and epileptics, and for the treatment of inebriates. The establishments provided for in the preceding paragraph should be under the surveillance instituted by the present law, in a measure determined by a regulation of the public administration.

The wording of Dubief's draft is infinitely superior to that of the law of the Senate, but it is nevertheless only an improvement, which is still very insufficient, on the law of 1838. The new law for the insane ought to contain a special section devoted to the semi-insane and to attenuated re-

sponsibility, in which all the questions studied in this book would be taken up and definitely determined by law. This ought to be the next work of the new parliament; I know of nothing more serious or more urgent.

General Conclusions

A Reply to a Few Objections

While I was writing this book the *Annales Médico-psychologiques* published a study, which was as courteous as it was severe, by an alienist of the highest standing, namely, Dr. Parant,[1] on my article in the *Revue des deux Mondes*, "The Semi-insane and the Semi-responsible."

The arguments of my distinguished *confrère* tend to do nothing less than entirely suppress the very subject even of my book. I can not therefore avoid the necessity of replying to him. This, moreover, affords me an opportunity of bringing the doctrine of the book together synthetically and of formulating its conclusions.

In the first place I do not exaggerate when I say that Dr. Parant makes it the object of his study to deny the existence of semi-insanity and semi-responsibility.

He declares that my article is open to "grave objections." He fears that it will only give rise

[1] Parant: Annales Méd. Psych., May–June, 1906.

"to equivocations and to errors which would lead the public at large to entertain false ideas concerning mental alienation." He does not believe "that my way of looking at these things corresponds to the reality," and he does not exactly believe in "the general conception of alienation as regarded in this way." "The qualification of the semi-insane, in addition to its lack of exactness, lays the subject open, especially from the medico-legal point of view, to a great many difficulties." By combating the two-block theory and creating a third I "increase the difficulty instead of reducing it." In saying where responsibility ends and semi-responsibility begins, and in saying "where the latter stops and gives place to entire responsibility," the determination of the criterion is "arbitrarily made and will have no other regulation than the fantastic judgment of one or another. . . . If we give fantasy free play we run the risk of falling into that disastrous state of anarchy which has hitherto, under like conditions, always been the disgrace and ruin of medico-legal work among the insane." Parant closes in wishing "that the manner in which I propose to understand and solve the question of sanity and responsibility had not so many inconveniences and dangers as it is susceptible of" (according to his way of thinking).

It is evident that if this were true (and I know

that other alienists of no less renown share Parant's point of view) I have only to tear up my manuscript instead of sending it to the printer.

But without exaggerating, I recognize first of all that in my article for the *Revue*, which was intended for the general public (as Parant has recognized), I did not make a sufficiently sharp and scientific limit to the domain of semi-insanity. I did not sufficiently emphasize the difference between *partial* responsibility and attenuated responsibility. I did not point out clearly enough that all monomaniacs were really insane and not semi-insane. I have tried to do better and to be more exact in this book. I have recognized the fact that the expression of semi-responsibility is vague and is not as useful as attenuated responsibility.[1] I will therefore make all the concessions that one pleases on the limits to be assigned to the block of semi-insanity; that is interesting, but of secondary importance, and I recognize that there are cases which are very difficult to decide. But what I want to maintain, in spite of all objections, is the existence between the sane and insane, between the responsible and irresponsible, of a

[1] Parant was right when he said: "M. Grasset in one place in the article used the term attenuated responsibility, which is much better than that of semi-responsibility, because it corresponds better in every way to the reality of things, and he would do better to keep to it."

group of semi-insane individuals with attenuated responsibility.

"Why," asks Parant, "should one qualify as semi-insane individuals those who, having had one or two attacks of madness, are perfectly cured, and for the rest of their lives present a perfectly satisfactory mentality, or at least one which is fairly well-balanced? At the time of their attacks they were insane; the rest of the time they were no longer so." What? Some insane people are cured and no longer remain in the class of psychic inferiors, and have in no way lost any of their responsibility? Parant recognizes the others. But, he adds, "some others after the attack show no mark of their derangement." This makes no difference to me; as long as there are a certain number of subjects who are semi-insane, they are enough to enable me to establish their existence as a group.

And the eccentrics, the originals, the queer, the neuropaths of various categories, the weak, the unbalanced—all these patients of whom Parant speaks are not they semi-insane? Parant recognizes the fact that they present "material that is very difficult to interpret." They are "on the border-land of madness," says he, and he adds, "the task of the physician which is often very delicate, but which in the majority of cases it is not

impossible to fulfil, consists in finding out on which side of the frontier one should put these people." I beg here to differ absolutely from Parant; I believe that if one can not decide between these two hypotheses, between madness and reason, the task of the physician would often be *impossible*. The proof of this is that there is an enormous and increasing number of reports signed by our physicians which come to the conclusion of attenuated responsibility. Parant then discusses the intellectual superiority (which he believes is often overrated) of certain semi-insane. He holds, according to Foville, that Auguste Comte was always insane; I am content to refer him to the last book of Georges Dumas. He will not admit that the semi-insane can have any social value, and refuses them the right of perpetuating the human species. It is in fact this very contrast of their usefulness and their social harmfulness which characterizes the semi-insane. It is this fact especially which keeps us from placing them either with the insane or with the sane.

Parant says elsewhere: "There is nothing else to show but that all the insane ought not to be committed to asylums and that certain inoffensive insane may not be committed." Exactly so, but it is the patients who are not inoffensive who are harmful that society ought to protect itself

against—those who while sick are not insane. These are they concerning whom I have written this book and who can not be suppressed either by denying their existence or by refusing to study them.

Parant, however, admits attenuated responsibility. He recognizes that certain nervous people who are not insane may sometimes "be treated less severely than if they were in a state of perfect equilibrium." I ask nothing more. Here is the recognition of the group of semi-insane with attenuated responsibility, and here is the right of existence for my book.

Finally, in studying semi-insanity, I do not feel that I have overvalued the rôle of medical expert, as Parant reproaches me with having done; but the contrary. The determination of semi-insanity and attenuated responsibility will always be a very difficult question to decide in every particular case, and it will always be exclusively medical. I do not believe that, as Parant says, "the isolated study of actions and of motives" and "the degree of psychism" are of much importance to the physician; I do not believe that "any one whosoever" can be as competent as a physician to judge of the quality and the degree of psychism. I believe, on the contrary, that this is the basis of modern expert testimony, such as it ought to be conceived by the physician of to-day.

Without insisting further, however, I believe that I can say that the objections of Parant may have some bearing on the limitations and composition of the group of semi-insane with limited responsibility. This particular question may be modified from one year to another by the constant progress of science, but the essential basis of our study remains intact and I can lay down the following general conclusions:

1. Between the block of sane, responsible people and the block of irresponsible insane there is a group of semi-insane with limited responsibility;

2. These semi-insane are daily in the eye of the general public and under lay observation; they have also invaded the drama and the literature of all countries;

3. These semi-insane have definite clinical characteristics which enable us to say that their existence is scientifically proved;

4. These semi-insane may have great social influence, as has been proved by the number of superior intellectuals who have shown the stigmata of semi-insanity;

5. These semi-insane may also be, and often are, harmful to society, whose duty and also right it is to protect itself against their misdeeds, while at the same time helping them and treating them;

6. Physicians only are able to pronounce upon the semi-insanity of a subject;

7. When a semi-insane individual has committed a misdemeanor or crime he should be both punished and treated at the same time;

8. It is important and urgent that the question of semi-insanity should figure largely in the additions proposed for the reformed law of 1838.

THE END

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